

Department of Human Services
Bureau of Human Service Licensing

December 9, 2021

[REDACTED]
KJ BETHEL PARK LLC
2000 COOL SPRINGS DRIVE
PITTSBURGH, PA, 15234

RE: THE SHERIDAN AT BETHEL PARK
2000 COOL SPRINGS DRIVE
PITTSBURGH, PA, 15234
LICENSE/COC#: 44948

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *THE SHERIDAN AT BETHEL PARK* License #: *44948* License Expiration:
Address: *2000 COOL SPRINGS DRIVE, PITTSBURGH, PA 15234*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4129234892* Email: [REDACTED]

Legal Entity

Name: *KJ BETHEL PARK LLC*
Address: *2000 COOL SPRINGS DRIVE, PITTSBURGH, PA, 15234*
Phone: *412-430-4630* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *12/13/2019* Issued By: *Municipality of Bethal Park*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *190* Waking Staff: *143*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/26/2021*

Inspection Dates and Department Representative

08/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *147* Residents Served: *114*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st and 2nd floor* Capacity: *40* Residents Served: *38*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *110*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *76* Have Physical Disability: *0*

Inspections / Reviews

08/24/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2021*

08/24/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2021*

Inspection Dates and Department Representative (*continued*)

08/24/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/05/2021*

08/24/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

85a - Sanitary Conditions

Physical Site

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Staff interviews including staff person A indicated that on multiple occasions, multiple residents' blood glucose levels were measured using a shared house glucometer. The unlabeled glucometer, One Touch Ultra 2 Serial Number 21 NRG007CFY with no name or identification was utilized as the home's "spare glucometer" in the medication cart from 1/18/21 to 8/24/21 for multiple residents. 64 digital pages with 4 blood glucose readings on each page for total at least 256 shared glucometer readings on the One Touch Ultra 2 Serial Number 21 NRG007CFY to include resident #1's measurements as follows:

<i>8/24/21 at 7:14a with a reading of 109</i>	<i>8/23/21 at 7:46 a. with a reading of 175</i>
<i>8/23/21 at 7:15 a. with a reading of 89</i>	<i>8/20/21 at 7:45 a. with a reading of 99</i>
<i>8/19/21 at 7:06 a. with a reading of 116</i>	<i>8/18/21 at 7:39 a. with a reading of 107</i>
<i>8/17/21 at 5:25 p. with a reading of 439</i>	<i>8/17/21 at 12:41 p. with a reading of 234</i>
<i>8/17/21 at 10:16 a. with a reading of 76</i>	<i>8/17/21 at 9:34 a. with a reading of 62</i>
<i>8/17/21 at 7:22 a. with a reading of 93</i>	<i>8/14/21 at 7:57 a. with a reading of 136</i>
<i>8/13/21 at 7:53 a. with a reading of 106</i>	<i>8/12/21 at 8:41 a. with a reading of 115</i>
<i>8/11/21 at 7:53 a. with a reading of 119</i>	<i>8/10/21 at 7:58 a. with a reading of 130</i>
<i>8/9/21 at 7:59 a. with a reading of 124</i>	<i>8/8/21 at 7:54 a. with a reading of 187</i>
<i>8/8/21 at 3:08 p. with a reading of 231</i>	<i>8/8/21 at 11:11 a. with a reading of 213</i>
<i>8/8/21 at 8:43 a. with a reading of 124</i>	<i>8/8/21 at 8:41 a. with a reading of 83</i>
<i>8/5/21 at 8:26 a. with a reading of 105</i>	<i>8/4/21 at 10:27 a. with a reading of 244</i>

Correction

Implemented

See Attached documentation
Completion Date: 11/24/2021

Plan of Correction

Not Implemented

Correction to issue(s) identified: Current residents utilizing glucometers were identified and new glucometers were obtained by the community on 8/25/21. Additionally, current residents utilizing a glucometer have a spare one in the event there is an issue with their personal glucometer. Several diabetic residents utilize a scanning system for their readings but also have their own personal glucometer back up in the event there is an issue with their scanning method.

Process to prevent reoccurrence: Staff meeting held with current med techs on 8/26/2021 to review policy that glucometers cannot be shared. Weekly checks of the glucometer readings initiated immediately on 8/25/21 to verify glucometers are not shared. Weekly checks by the Health and Wellness Director (HWD) or designee will continue for 90 days or until compliance is established. The weekly checks will be also be reviewed by the Executive Director during the weekly clinical meeting with the HWD.

Current Medication Technicians were retrained by the diabetic educator on 10/18/21. Any Medication Technician who didn't attend the training on 10/18/21 will have the training completed by 11/30/21 with signatures available for Department review. Any staff member not meeting this requirement shall be removed from the schedule until re-training is completed.

Physical Site (continued)

Person(s) responsible for verifying issue does not reoccur: Health and Wellness Director or designee will be responsible.

Completion Date: 12/31/2021

Plan of Correction**Accept**

Correction to issue(s) identified: Current residents utilizing glucometers were identified and new glucometers were obtained by the community on 8/25/21. Additionally, current residents utilizing a glucometer have a spare one in the event there is an issue with their personal glucometer. Several diabetic residents utilize a scanning system for their readings but also have their own personal glucometer back up in the event there is an issue with their scanning method. Residents, families and their physician were notified of the sharing. The community is following the directions of the prescriber.

Process to prevent reoccurrence: Staff meeting held with current med techs on 8/26/2021 to review policy that glucometers cannot be shared. Weekly checks of the glucometer readings initiated immediately on 8/25/21 to verify glucometers are not shared. Weekly checks by the Health and Wellness Director (HWD) or designee will continue for 90 days or until compliance is established. The weekly checks will be also be reviewed by the Executive Director during the weekly clinical meeting with the HWD.

Current Medication Technicians were retrained by the diabetic educator on 10/18/21. Any Medication Technician who didn't attend the training on 10/18/21 will have the training completed by 11/30/21 with signatures available for Department review. Any staff member not meeting this requirement shall be removed from the schedule until re-training is completed.

Person(s) responsible for verifying issue does not reoccur: Health and Wellness Director or designee will be responsible.

Completion Date: 11/30/2021

187b - Date/Time of Medication Admin.**Medications****1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 was prescribed Alprazolam 0.5 mg take one tablet four times a day for agitation at 8:00 a.m. 12:00 p.m. 4:00 p.m. and 8:00 p.m. However, the staff person who administered the medication did not initial the medication administration record to include:

8/7/21 at 12:00 p.m. and 8:00 p.m.

8/22/21 at 8:00 p.m.

Resident #1 was prescribed the following medications:

- * Atorvastatin tab 20mg take one tablet at bedtime.
- * Lantus Solos INJ 100/ml inject 8 units subcutaneously at bedtime.
- * Lisinopril tab 5mg take one tablet at bedtime.
- * Memantine tab HCl 10mg take one tablet at bedtime.
- * Virt-Caps / Renal Caps take one capsule at bedtime.

187.b. (continued) *The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.*

However, the staff person who administered the medication did not initial the medication administration record on 8/7/21 and 8/22/21 at 7:00 p.m.

Resident #1 was prescribed Oxycodone tab 15mg take one tablet twice daily at 8:00 a.m. and 8:00 p.m. and Quetiapine tab 25mg take one tablet at bedtime. However, the staff person who administered the medication did not initial the medication administration record on 8/7/21 and 8/22/21 at 8:00 p.m.

Correction

Implemented

See attached documentation of med tech meeting topics

Completion Date: 11/24/2021

Plan of Correction

Accept

Correction to issue(s) identified: Medications were not signed out as required for Resident #1 and no immediate correction can be made for this particular issue. Medication technicians were retrained on documentation requirements on 8/26/2021 by the executive director.

Process to prevent reoccurrence: Twice each shift (7-3/3-11) and one time for 11-7, each Medication Technician will print the medication variance/exception report and review for any meds not charted or not given without adequate documentation as to why, and sign the report. Each Medication Technician will place this report in the 24 hour report binder along with their shift report. The HWD or designee will review these reports daily. The ED and HWD will review weekly during the weekly clinical meeting.

Person(s) responsible for verifying issue does not reoccur: Health and Wellness Director or designee will be responsible.

Completion Date: 11/30/2021

187d - Follow Prescriber's Orders

Medications

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was prescribed Alprazolam 0.5mg take one tablet 0.5mg four times a day for agitation at 8:00 a.m. 12:00 p.m. 4:00 p.m. and 8:00 p.m. However, resident #1 was not administered the medication and the prescriber was not notified to include:

** medication was not administered at 12:00 p.m. on 8/2/21, 8/5/21, 8/6/21, 8/9/21, 8/11/21, 8/14/21, 8/16/21, 8/18/21, 8/20/21, 8/23/21.*

** medication was not administered at 4:00 p.m. on 8/9/21, 8/11/21, 8/14/21, 8/16/21, 8/18/21, 8/23/21.*

Resident #1 was prescribed blood glucose checks at 8:00 a.m. 12:00 p.m. 4:00 p.m. and 8:00 p.m. However, resident #1's blood glucose was not measured, to include:

** 8:00 a.m. on 8/5/21, 8/12/21, 8/18/21.*

** 8/2/21, 8/5/21, 8/7/21, 8/9/21, 8/11/21, 8/13/21, 8/14/21, 8/16/21, 8/18/21, 8/21/21, 8/23/21.*

** 8/9/21, 8/11/21, 8/14/21, 8/16/21, 8/18/21, 8/23/21.*

187.d. (continued) The home shall follow the directions of the prescriber.

* 8:00 p.m. on 8/7/21, 8/11/21, 8/22/21.

Resident #1 was prescribed Aspirin 81mg take one tablet by mouth once daily. However, resident #1 was not administered the medication on 8/5/21 at 7:00 a.m.

Resident #1 was prescribed Carvedilol tab 3.125mg take one tablet twice daily with meals at 7:00 a.m. and 3:00 p.m. However, resident #1 was not administered the medication to include:

* 8/5/21 at 7:00 a.m.

* 8/9/21, 9/11/21, 8/14/21, 8/16/21, 8/16/21, 8/23/21 at 3:00 p.m.

Resident #1 was prescribed multiple medications to include:

* Docusate Sodium 100mg take two capsules (200mg) once daily.

* Lamotrigine tab 25mg take two tablets (50mg) once daily.

* Lysine tab 1000mg take one tablet once daily.

* Pantoprazole tab 40mg take one tablet once daily.

However, these medications were not administered on 8/5/21 at 7:00 a.m.

Resident #1 was prescribed Quetiapine tab 25mg take ½ tablet (12.5mg) twice daily at 8:00 a.m. and 8:00 p.m. However, resident #1 was not administered the medication to include:

* 8/5/21 at 8:00 a.m.

* 8/9/21, 8/11/21, 8/14/21, 8/16/21, 8/18/21, 8/23/21 at 4:00 p.m.

Resident #1 was prescribed Sevelamer 800mg take two tablets (1600mg) three times daily with meals at 8:00 a.m. 12:00 p.m. and 5:00 p.m. However, resident #1 was not administered the medication 8/5/21 at 8:00 a.m.

* 8/5/21, 8/6/21, 8/9/21, 8/11/21, 8/14/21, 8/16/21, 8/18/21, 8/20/21, 8/23/21 at 12:00 p.m.

* 8/11/21, 8/14/21, 8/16/21, 8/18/21, 8/23/21 at 5:00 p.m.

Resident #1 was prescribed Calmoseptine ointment apply topically to coccyx twice daily at 8:00 a.m. and 4:00 p.m. However, resident #1 was not administered the medication and the prescriber was not notified to include:

* medication was not administered on 8/5/21 at 8:00 a.m.

* medication was not administered on 8/9/21, 8/11/21, 8/14/21, 8/16/21, 8/18/21, 8/23/21 at 4:00 p.m.

Resident #1 was prescribed Oxycodone tab 15mg take one tablet twice daily at 8:00 a.m. and 8:00 p.m. However, resident #1 was not administered the medication to include:

* 8/5/21 and 8/21/21 at 8:00 a.m.

* 8/8/21 and 8/20/21 at 8:00 p.m.

Correction

Implemented

See attached documentation of med tech meeting

Completion Date: 11/24/2021

Plan of Correction

Not Implemented

Correction to issue(s) identified: Medications were not signed out as required for Resident #1 and the prescriber was not notified and no immediate correction can be made for this particular issue. Medication technicians were retrained on documentation and prescriber notification requirements on 8/26/2021 by the executive director.

Process to prevent reoccurrence: Twice each shift (7a-3p/3p-11p) and one time for 11p-7a, each Medication

Medications (continued)

Technician will print the medication variance/exception report and review for any meds not charted or not given without adequate documentation as to why, and sign the report. Prescriber will be notified of medications/treatments not given upon review of each report. Each Medication Technician will place this report in the 24 hour report binder along with their shift report. The HWD or designee will review these reports daily to verify prescriber notification was completed as required. The ED and HWD will review weekly during the weekly clinical meeting.

Person(s) responsible for verifying issue does not reoccur: Health and Wellness Director or designee will be responsible.

Completion Date: 11/30/2021

Plan of Correction

Accept

Correction to issue(s) identified: Medications were not signed out as required for Resident #1 and the prescriber was not notified and no immediate correction can be made for this particular issue. The physician was notified and the directions of the prescriber were followed. Medication technicians were retrained on documentation and prescriber notification requirements on 8/26/2021 by the executive director. A reportable incident was filed by the direction of the surveyor based on finding this violation.

Process to prevent reoccurrence: Twice each shift (7a-3p/3p-11p) and one time for 11p-7a, each Medication Technician will print the medication variance/exception report and review for any meds not charted or not given without adequate documentation as to why, and sign the report. Prescriber will be notified of medications/treatments not given upon review of each report. Each Medication Technician will place this report in the 24 hour report binder along with their shift report. The HWD or designee will review these reports daily to verify prescriber notification was completed as required. The ED and HWD will review weekly during the weekly clinical meeting.

Person(s) responsible for verifying issue does not reoccur: Health and Wellness Director or designee will be responsible.

Completion Date: 12/31/2021

225a - Assessment 15 Days

Services

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's initial assessment dated [REDACTED] did not indicate the resident's multiple care needs to include:

* TAVR (transcatheter aortic valve replacement) as indicated on the medical evaluation dated 4/6/21.

* Pacemaker and monitor placed on Nov 18, 2020, as indicated on [REDACTED] internal medicine documentation.

 Services (continued)

Correction**Implemented**

No new updates or attachments-care plans are reviewed weekly by HWD or designee along with therapy updating weekly or as needs change

Completion Date: 11/24/2021

Plan of Correction**Accept**

Correction to issue(s) identified: Resident #1 had their assessment updated on [REDACTED] during the time of survey.

Process to prevent reoccurrence: Health and Wellness Director or designee will review documentation regarding residents from medical evaluations, consults, and physician visits and verify any care needs are included on the resident assessment.

Weekly review of care plans requiring update to resident information/diagnosis will be held by the HWD or designee. ED and HWD will review resident status changes during the weekly clinical meeting and as needed for significant changes.

Person(s) responsible for verifying issue does not reoccur: Health and Wellness Director or designee will be responsible.

Completion Date: 11/30/2021