

Department of Human Services
Bureau of Human Service Licensing

November 3, 2022

[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 08/30/2022, 08/31/2022, 09/02/2022, 09/06/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: THE SHERIDAN AT BETHEL PARK **License #:** 44948 **License Expiration:** 05/29/2023
Address: 2000 COOL SPRINGS DRIVE, PITTSBURGH, PA 15234
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 192 **Waking Staff:** 144

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 09/06/2022

Inspection Dates and Department Representative

08/30/2022 - On-Site: [REDACTED]
08/31/2022 - On-Site: [REDACTED]
09/02/2022 - Off-Site: [REDACTED]
09/06/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 147 **Residents Served:** 122

Secured Dementia Care Unit

In Home: Yes **Area:** 1st & 2nd Floors **Capacity:** 40 **Residents Served:** 38

Hospice

Current Residents: 16

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 122
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 70 **Have Physical Disability:** 1

Inspections / Reviews

08/30/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *09/30/2022*

10/03/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/03/2022*
Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/04/2022*

10/05/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/03/2022*
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *10/06/2022*

11/03/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: *11/03/2022*
Reviewer: [REDACTED] Follow Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted]/22 at approximately [redacted] a.m., resident #1 made an allegation of physical abuse against staff person A. Staff person A was immediately suspended; however, [redacted] returned to work on [redacted]/22 and provided unsupervised direct resident care from [redacted] p.m. - [redacted] a.m., and on [redacted]/22 [redacted] p.m. - [redacted] a.m.

On [redacted]/22 at [redacted] p.m., a second allegation of abuse against staff person A was made by resident #2.

POC Submission

Accept [redacted] - 10/05/2022)

Executive Director and other management personnel directly responsible for creating and implementing staff suspension and supervision plans in the event of an allegation of abuse will be educated on the requirement of regulation 2600.15.b. . The education will include that suspensions or supervision must be continued until both BHSL and AAA have completed their investigations.

Licensee's Plan Completion Date: 10/31/2022

Implemented [redacted] - 11/03/2022)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted]/22 at approximately [redacted] a.m., staff person A video recorded resident #2 on [redacted] personal cell phone. According to staff person B, on a prior occasion [redacted] advised staff person A that video recording was not permitted. Staff person A reportedly recorded residents when they did not want to get up in the morning.

POC Submission

Accept [redacted] - 10/05/2022)

Executive Director or designee will in-service all staff on HIPAA policy, resident rights and cell phone policy, including the prohibition of recording residents for any reason. 25 % of residents will be interviewed weekly by the Executive Director or designee weekly for 3 months and all residents will be interviewed biannually thereafter to ensure the resident's rights are not violated including the resident's right to privacy and that the staff is not recording their interactions with residents. Documentation will be kept.

Licensee's Plan Completion Date: 10/31/2022

Implemented [redacted] - 11/03/2022)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141b1 - Annual Medical Evaluation (*continued*)

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation for resident #1, signed by the physician on [REDACTED]/22, does not have the date the in-person medical evaluation was completed. It is also blank in the areas of height, weight, pulse rate, blood pressure, and temperature.

The medical evaluation for resident #2, signed by the physician on [REDACTED]/22, does not have the date the in-person medical evaluation was completed. It is also blank in the area of height and does not indicate the need for the resident to be served in a secured dementia care unit (SDCU) in the home. Resident #2 resides in the SDCU.

POC Submission

Accept ([REDACTED] - 10/03/2022)

Resident #1 and #2 were corrected on [REDACTED] 2022. Health and Wellness Director or designee will complete an audit on all medical evaluations(DMEs) to ensure all items are completed. Health and Wellness Director or designee will complete an audit of at least 10% of DMEs weekly for 4 weeks beginning in November 2022. Executive Director will monitor audits at the QA meetings.

Licensee's Plan Completion Date: 10/31/2022

Implemented ([REDACTED] - 11/03/2022)

225a - Assessment 15 Days

4. 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 was admitted [REDACTED]/22; however, the initial assessment was not completed until [REDACTED]/22.

POC Submission

Accept ([REDACTED] 10/03/2022)

All appropriate staff will be trained on regulation 2600.225.a. by the Executive Director or designee. All new admissions will be audit monthly beginning in October 2022 for an initial assessment by the Executive Director or designee and findings will be reported at Quality Assurance meeting

Licensee's Plan Completion Date: 10/31/2022

Implemented ([REDACTED] - 11/03/2022)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan, dated [REDACTED]/22, for resident #1 does not address how the home will meet the resident's needs in the areas of [REDACTED], and [REDACTED], as indicated in the resident's

227d - Support Plan Medical/Dental (continued)

assessment, dated [REDACTED]/22.

The support plan, dated [REDACTED]/22, for resident #2 does not address how the home will meet the resident's needs and the frequency assistance will be provided in the areas of: [REDACTED]

[REDACTED], as indicated in the resident's assessment, dated [REDACTED]/22.

POC Submission

Accept ([REDACTED] 10/03/2022)

Resident #1 and #2 support plans were updated on [REDACTED]/22 to reflect the reference changes in violation. Health and Wellness Director or designee will complete an audit for all resident support plans. Health and Wellness Director or designee will audit at least 10% of support plans weekly for 4 weeks beginning in November 2022 to ensure completion. Executive Director will monitor support plan audit during Quality Assurance meeting.

Licensee's Plan Completion Date: 10/31/2022

Implemented [REDACTED] - 11/03/2022)