



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

[REDACTED]

EMAILING DATE: JANUARY 18, 2024

[REDACTED]

KJ Bethel Park LLC

[REDACTED]

RE: The Sheridan at Bethel Park  
License#: 449482

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing review on November 6, 2023, of the above facility, we have determined that your submitted plan of correction is not implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure:  
Licensing Inspection Summary

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: *10/14/2023*  
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: *12/13/2018* Issued By: *Municipality of Bethel Park*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *164* Waking Staff: *123*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Provisional* Exit Conference Date: *12/01/2023*

**Inspection Dates and Department Representative**

*11/06/2023 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *147* Residents Served: *118*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *SDCU* Capacity: *40* Residents Served: *36*

**Hospice**

Current Residents: *18*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *118*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *46* Have Physical Disability: *2*

**Inspections / Reviews**

**11/06/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/11/2023*

## 12/04/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/05/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/11/2023

## 12/12/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/05/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/16/2023

## 01/08/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/05/2024  
Reviewer: [REDACTED] Follow-Up Type: Exception

## 23a - Activities of Daily Living Assistance

### 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

Resident #1's most recent assessment, dated [REDACTED]/23, indicates the resident requires physical assistance with ambulation, and the resident's most recent support plan, dated 5/29/23, indicates the resident requires hands on assistance from staff with transfers or changes in position. However, multiple staff interviews and physical evidence indicate that the resident has caused significant damage to the the walls in [REDACTED] room and to [REDACTED] person while attempting to self-propel his wheelchair. Also, the resident's assessment indicates the resident requires physical assistance with eating, and the resident's support plan indicates the resident is dependent on staff to provide all meal preparation needs. However, multiple staff members indicate that the resident has missed or not finished meals due to lack of staff assisting [REDACTED] and that the resident does not attend breakfast on many days. The resident lost approximately 30 lbs. between 2/21/23 and 8/2023.

REPEAT VIOLATION: 3/22/2023 et al.

#### Plan of Correction

Accept ([REDACTED] 12/12/2023)

1. Resident #1's assessment and support plan was updated on [REDACTED] 3/2023 for physical assistance with meals and mobility needs and documentation if refused and notification to responsible parties.
2. Education by the ED or designee will be provided to the HWD. PCD, MCD, on 2600.23.a by 12/15/2023.
3. HWD or designee will audit 10 resident's assessments and support plan weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one months.
4. HWD or designee will interview 10 residents weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one month.
5. HWD or designee will observe 10 residents' care weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one month.
6. The audit will be reviewed at the monthly QI meeting for ongoing compliance for 3 months then quarterly.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented [REDACTED] -1/8/24)

## 81a - Accomodation

### 2. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

#### Description of Violation

The home has not developed procedures for the periodic assessment of proper installation and maintenance of bedside mobility devices used in the home. Resident #2 uses a bedside mobility device.

#### Plan of Correction

Directed [REDACTED] 12/12/2023)

1. Resident #2 mobility device was removed on [REDACTED] 6/2023.
2. Education by the ED or designee will be to Marketing Team, Maintenance team, and direct care staff on 2600.81.a by 12/15/2023.
3. HWD or designee will audit bedside mobility devices weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one months.
4. The audit will be reviewed at the monthly QI meeting for ongoing compliance for 3 months then quarterly.

**81a - Accomodation (continued)**

5. Installation and maintenance checks from our Maintenance department weekly has been added to the digital work order tracker (TELS). First check will be on 12/11/2023.

Proposed Overall Completion Date: 12/15/2023

**DIRECTED**

Within 1 day of receipt of the accepted plan of correction: The administrator shall develop and implement an ongoing system (minimum of monthly) to audit all mobility devices which meets the health and safety needs of the residents. Documentation of audits shall be kept. 12/12/23 JK

Directed Completion Date: 12/13/2023

Not Implemented (██████-1/8/24)

**85a - Sanitary Conditions****3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

At 10:45 a.m., at the entrance of resident #1's room, there was an approximate 1" by 4" brown stain and a slight odor of feces. Staff interviews indicate it had been there for approximately 12 hours.

**Plan of Correction**

Accept (██████2/12/2023)

1. Resident #1 room and stain cleaned by housekeeping on 11/6/2023.
2. Education by the ED or designee will be to overnight staff (10pm to 6am) about notification of stains to Maintenance Director and day (6am to 2pm) and evening (2pm to 10pm) staff about notification to concierge for work order placement to ensure sanitary conditions by 12/15/2023.
3. Housekeeping manager will audit community weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one month.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented (██████/8/24)

**141a - Medical Evaluation****4. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**Description of Violation**

Resident #1's initial medical evaluation is blank in the areas of date resident evaluated and date form completed; therefore, timeliness of the resident's medical evaluation cannot be determined.

REPEAT VIOLATION: 6/27/2023 et al.; 5/3/2023 et al.; 3/22/2023 et al.

**Plan of Correction**

Accept (██████12/12/2023)

1. Physician office contacted for date of assessment and added to evaluation on 12/10/2023 by MCD.
2. Education by the ED or designee will be provided to the HWD. PCD, MCD, on 2600.141.a by 12/15/2023.
3. HWD or designee will audit 10 medical evaluations weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one months.

**141a - Medical Evaluation (continued)**

4. The audit will be reviewed at the monthly QI meeting for ongoing compliance for 3 months then quarterly.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented (█-1/8/24)

**141b1 - Annual Medical Evaluation****5. Requirements**

2600.

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

**Description of Violation**

Resident #3's most recent medical evaluation was completed on 9/12/23; however, the resident's previous medical evaluation is blank in the date resident evaluated area of the form; therefore, timeliness is unable to be determined.

REPEAT VIOLATION: 6/27/2023 et al.; 3/22/2023 et al.; 12/8/2022

**Plan of Correction**

Accept (JK - 12/12/2023)

1. Date of previous medical evaluation added on 12/10/2023 by MCD.
2. Education by the ED or designee will be provided to the HWD. PCD, MCD, on 2600.141.b.1. by 12/15/2023.
3. HWD or designee will audit 10 resident's annual medical evaluations weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one months.
4. The audit will be reviewed at the monthly QI meeting for ongoing compliance for 3 months then quarterly.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented (JK-1/8/24)

**224a - Preadmission Screen Form****6. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #3 was admitted to the home on █ however, the resident's preadmission screening form was completed on 11/2/19.

REPEAT VIOLATION: 6/27/2023 et al.

**Plan of Correction**

Accept (█ - 12/12/2023)

1. Date on preadmission screening form corrected by MCD on 12/10/2023.
2. Education by the ED or designee will be provided to the HWD. PCD, MCD, on 2600.224.a. by 12/15/2023.
3. HWD or designee will audit 10 preadmission screen forms for 4 weeks, bi-weekly for 4 weeks, monthly for one months.
4. The audit will be reviewed at the monthly QI meeting for ongoing compliance for 3 months then quarterly.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented (█ 1/8/24)

**225a - Assessment 15 Days****7. Requirements**

2600.

225a - Assessment 15 Days (continued)

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 #2 was admitted to the home on [REDACTED] however, the resident’s initial assessment was not completed until 8/24/23.

REPEAT VIOLATION: 6/27/2023 et al.

Plan of Correction

Accept [REDACTED] 12/04/2023)

- 1. Education by the ED or designee will be provided to the HWD. PCD, MCD, on 2600.225.a. by 12/15/2023.
- 2. HWD or designee will audit 10 resident’s assessment weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one months.
- 3. The audit will be reviewed at the monthly QI meeting for ongoing compliance for 3 months then quarterly.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented [REDACTED] -1/8/24)

227g -Support Plan Signatures

8. Requirements

2600.  
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's most recent support plan, which is undated, is not signed by the resident or the assessor.

Resident #3's most recent support plan, dated 4/24/23, is not signed by the resident or the assessor.

REPEAT VIOLATION: 6/27/2023 et al.; 5/3/2023 et al.

Plan of Correction

Accept [REDACTED] 12/12/2023)

- 1. Date of resident # 2's support plan dated and signed by resident and assessor, MCD, on 12/10/2023. Date of resident # 3's support plan signed by resident and assessor, MCD, on 12/10/2023.
- 2. Education by the ED or designee will be provided to the HWD. PCD, MCD, on 2600.227.g. by 12/15/2023.
- 3. HWD or designee will audit 10 resident’s support plans weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one months.
- 4. The audit will be reviewed at the monthly QI meeting for ongoing compliance for 3 months then quarterly.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented [REDACTED] -1/8/24)

234a - Admission Support Plan

9. Requirements

2600.  
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] 23; however, the resident’s initial support plan is undated; therefore, timeliness of the support plan is unable to be determined.

REPEAT VIOLATION: 6/27/2023 et al.; 5/3/2023 et al.; 3/22/2023 et al.

234a - Admission Support Plan (*continued*)**Plan of Correction****Accept** [REDACTED] - 12/12/2023)

1. Resident #2 support plan dated on 12/10/2023 by MCD.
2. Education by the ED or designee will be provided to the HWD. PCD, MCD, on 2600.234.a. by 12/15/2023.
3. HWD or designee will audit 10 resident's support plans weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one months.
4. The audit will be reviewed at the monthly QI meeting for ongoing compliance for 3 months then quarterly.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented [REDACTED] -1/8/24)

## 234d - Support Plan Revision

**10. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

**Description of Violation**

*Resident #2's most recent support plan, which is undated, does not indicate the resident's use of a bedside enabler for assistance turning and positioning in bed and for transferring in/out of bed. Also, the resident is identified as a fall risk and has a fall mat beside [REDACTED] bed; however, this is not indicated on her support plan. In addition, the support plan does not address multiple diagnoses including: allergic rhinitis, hyperlipidemia, osteoporosis, abnormal CXR, pulmonary embolus, GAD, essential tremor, liver cyst, memory loss, gliosis, hearing loss, lung nodule, dizziness, dementia with behavioral disturbance.*

**Plan of Correction****Accept** [REDACTED] - 12/12/2023)

1. Resident # 2's support plan updated to state use of bedside device, fall mat, and diagnoses.
2. Education by the ED or designee will be provided to the HWD. PCD, MCD, on 2600.234.d. by 12/15/2023.
3. HWD or designee will audit 10 resident's support plans weekly for 4 weeks, bi-weekly for 4 weeks, monthly for one months.
4. The audit will be reviewed at the monthly QI meeting for ongoing compliance for 3 months then quarterly.

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented ([REDACTED] 1/8/24)