

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

August 27, 2024

[REDACTED], ADMINISTRATOR
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 05/09/2024 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

Facility Information

Name: THE SHERIDAN AT BETHEL PARK License #: 44948 License Expiration: 06/01/2024
 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: 159 Waking Staff: 119

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 05/09/2024

Inspection Dates and Department Representative

05/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 147 Residents Served: 117
 Secured Dementia Care Unit
 In Home: Yes Area: SDCU Capacity: 40 Residents Served: 34
 Hospice
 Current Residents: 16
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 116
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 42 Have Physical Disability: 0

Inspections / Reviews

05/09/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/23/2024

05/16/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/27/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/23/2024

Inspections / Reviews *(continued)*

05/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/24/2024

06/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/06/2024

08/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

187b - Date/Time of Medication Admin.

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 is prescribed [redacted], one tablet by mouth three times per day every day at [redacted]. However, on [redacted] resident #1 was administered one tablet of [redacted] Tablet [redacted] by direct care staff person A, and it was not documented in the [redacted] medication administration record at the time of administration.

Resident #2 is prescribed [redacted], daily during each of 3 shifts, every day at [redacted]. However, on [redacted] between [redacted]. resident #2's [redacted] was administered by direct care staff person B, and it was not documented in the [redacted] medication administration record at the time of administration.

Plan of Correction

Directed [redacted] - 05/17/2024)

At the time of inspection, it was determined that Resident #1's prescribed medication was administered on [redacted]. It was signed off on the narcotic sheet but not logged in the eMAR. It was also determined at the time of inspection that Resident #2's oxygen was administered between [redacted] but also not logged on the eMAR.

Each med tech responsible to failing to properly record administration on the eMAR will receive coaching and additional training from the Health & Wellness Director. Training will include a review of the med administration policy and this regulation, 2600,187b. Training will be completed by 5/21. Additional violations of this policy and regulation will result in corrective action, up to and including termination.

All med techs will have a review of this regulation at the mandatory Med Tech meeting on 5/21.

HWD or designee will monitor community eMAR tracking daily to ensure there are no missed medications flagged in the eMAR system.

Each full-time/part-time med tech will be observed once per week for a period of (three) months by a certified medication administrator trainer, a certified observer, the Health & Wellness Director, the Administrator of a designated person. After which, each staff will be observed once per month for a period of (three) months, starting the week of 5/20. Documentation of these observations will be kept in the administrator's office along with the POC binder.

Proposed Overall Completion Date: 05/23/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall ensure the implementation of the HWD or designee monitoring community eMAR tracking daily to ensure there are no missed medications flagged in the eMAR system. 5/17/24 [redacted]

Directed Completion Date: 05/23/2024

Implemented [redacted] - 08/27/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED], one tablet by mouth three times per day every day at [REDACTED]. However, on [REDACTED] tablet was not administered to resident #1.

Resident #2 is ordered [REDACTED], one capsule by mouth daily every day at [REDACTED]. However, on [REDACTED] the [REDACTED] was not administered to resident #2.

REPEAT VIOLATION 6/27/23 et. al.

Plan of Correction

Directed ([REDACTED]) - 05/17/2024)

Missed medications for Resident #1 and Resident #2 were identified at the time of inspection. A state incident report has been submitted for each of these missed medications and a copy has been placed on the resident charts. Each Resident's PCP and responsible party has been notified on 5/17/24.

Each med tech responsible to failing to administer medications will receive coaching and additional training from the Health & Wellness Director by 5/21/24. Training will including a review of regulation 2600.187d and the medication administration policy. Additional violations of this policy and regulation will result in corrective action, up to and including termination.

All med techs will have a review of this regulation at the mandatory Med Tech meeting on 5/21.

HWD or designee will monitor community eMAR tracking daily to ensure there are no missed medications flagged in the eMAR system.

Each full-time/part-time med tech will be observed once per week for a period of (three) months by a certified medication administration trainer, a certified observer, the Health & Wellness Director, the Administrator or a designee. After which, each staff will be observed once per month for a period of (three) months, starting the week of 5/20. Documentation of these observations will be kept in the administrator's office along with the POC binder.

Proposed Overall Completion Date: 05/23/2024

DIRECTED

Within 1 day of receipt of the accepted plan of correction: The administrator shall ensure the implementation of the HWD or designee monitoring community eMAR tracking daily to ensure there are no missed medications flagged in the eMAR system. 5/17/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall notify the resident and the resident's designated person of the medication errors for each resident. Documentation of the notification shall be kept. 5/17/24 [REDACTED]

187d Follow Prescriber's Orders (continued)

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall notify the prescriber of the medication errors for each resident. Also indicate the home shall follow the direction of the prescriber related to the medication error. Documentation of the notification shall be kept. 5/17/24

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall file an incident report for the medication errors. 5/17/24

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall document the medications errors were made part of the resident's permanent record. 5/17/24

Directed Completion Date: 05/23/2024

Implemented () - 08/27/2024)

190a - Completion Medication Course

3. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff person C's medication administration training was dated and the documentation of annual practicum and observations conducted was incomplete. Direct care staff person C has administered medications to resident #1 to include:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Pla

Directed () - 05/17/2024)

Direct care staff person C completed annual practicum on , which was outside of annual due date and grace period. The certified medication administration instructor did not complete the paperwork after the course because observations were not completed that day. Direct care staff person C has since finalized paperwork and training with the instructor. The record of this training is kept in the med tech training binder located in the administrator's office and a backup copy is on the staff person's file.

Community is now using a tracker to monitor all training due dates to ensure annual practicums and observations are completed timely. Tracker will be updated and reviewed monthly by the Business Office Manager and Administrator.

Health & Wellness Director and Executive Director who oversee the med tech training records as well as the Business Office Manager who collects training documents for new hires have reviewed regulation 2600.190a.

All med tech training records will be audited by 5/23/24 to confirm regulatory compliance with all other med tech training records. This initial audit will be completed by 5/23/24 and will include confirming that each med tech has

190a Completion Medication Course (continued)

the appropriate training on file and that all fields have been completed timely. This audit was completed by the ED. Moving forward, on a monthly basis, an audit will be conducted to review the same items and will be conducted by the HWD, BOM, ED or designee.

Proposed Overall Completion Date: 05/23/2024

DIRECTED

Within 1 Calendar Day of receipt of the accepted plan of correction the administrator shall ensure the implementation of tracker being updated and reviewed monthly by the Business Office Manager and Administrator. 5/17/24

Directed Completion Date: 05/23/2024

Implemented 08/27/2024)

190c - Record of Training**4. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The record of medication administration training for direct care staff person D was not dated by the instructor, or signed and dated by the student.

The annual practicum for medication administration training for direct care staff person E was dated "12/23" and did not specify the date that the annual practicum was successfully passed.

Plan of Correction

Directed - 05/17/2024)

While staff person D's training was completed and the month and year were recorded, the day was missing. Facility staff was able to confirm the date that this training took place and added a note to the training record indicating the full date. This addendum to the training record was completed by the ED. This training record and addendum to the training records is stored in a training binder in the administrator's office.

This training was completed by former facility staff who are no longer associated with the facility.

Health & Wellness Director and Executive Director who oversee the med tech training records as well as the Business Office Manager who collects training documents for new hires have been trained on regulation 2600.190c. A record of this training is in the POC binder in the administrator's office.

All med tech training records will be audited to confirm regulatory compliance on with all other med tech training records. This initial audit will be completed by 5/23/24 and will include confirming that each med tech has the appropriate training on file and that all fields have been completed timely. This audit was completed by the ED. Moving forward, on a monthly basis, an audit will be conducted to review the same items and will be conducted by the HWD, BOM, ED or designee.

Proposed Overall Completion Date: 05/23/2024

190c - Record of Training *(continued)*

Directed Completion Date: 05/23/2024

Implemented ([REDACTED] 08/27/2024)