

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

September 23, 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 06/24/2024, 06/25/2024 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]

Certificate(s) of Occupancy

Type: I-1 **Date:** 12/13/2019 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 157 **Waking Staff:** 118

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Provisional, Fine **Exit Conference Date:** 06/25/2024

Inspection Dates and Department Representative

06/24/2024 - On-Site: [REDACTED]
06/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 147 **Residents Served:** 108

Secured Dementia Care Unit

In Home: Yes **Area:** MC1, MC2 **Capacity:** 40 **Residents Served:** 36

Hospice

Current Residents: 24

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 108
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 49 **Have Physical Disability:** 1

Inspections / Reviews

06/24/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/29/2024

07/29/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/24/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/01/2024

Inspections / Reviews *(continued)*

09/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/16/2024

09/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #1's medical evaluation was signed as completed on [redacted]; however, the evaluation date was blank, and another medical evaluation wasn't completed until [redacted].

REPEAT VIOLATION: 03/19/2024 et al., 02/22/2024 et al., 01/02/2024, 11/06/2023

Plan of Correction

Accept ([redacted] - 08/13/2024)

- 1. AHWD contacted the physician on [redacted]. The physician was not able to confirm the evaluation date for the medical evaluation dated [redacted]. Resident #1 had a medical evaluation completed by PCP on [redacted].
- 2. ED or designee will educate HWD, AHWD, MCD and licensed clinical staff on regulation 2600.141.b.1 and the need for medical evaluations to be filled out without any missing information by [redacted]. Documentation of the training shall be kept.
- 3. HWD, AHWD, MCD or designee will audit 10 resident's medical evaluation for proper completion and without blanks weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month. Audits will begin on 7/25/24 and any discrepancies will be reported to the Executive Director.
- 4. Audits will be reviewed at monthly Quality Assurance meetings beginning 8/6/24. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented ([redacted] - 09/23/2024)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], a bottle of [redacted] tablets and a roll pack of [redacted] for resident #2 was stored in the medication cart and this medication was discontinued on [redacted].

On [redacted], the following medications, which were discontinued on [redacted], for resident #2 were stored in the medication cart:

- [redacted]

On [redacted] was stored in the medication cart for resident #3 and this medication was discontinued.

On [redacted], a bottle of [redacted] and a bottle of [redacted] was on the 3rd floor nurses' station counter for resident #4, who is no longer served in the home.

183d - Prescription Current (continued)

REPEAT VIOLATION: 02/22/2024 et al., 01/02/2024

Plan of Correction

Accept (█) - 08/13/2024

1. On █, █, █ for resident #2 were removed from the medication cart by the HWD. On █ for resident #3 and resident #4 and █ for resident #4 from the medication cart. All removed medications were destroyed in a safe manner and in accordance with 183(f) on 6/25/24 by HWD.
2. HWD, AHWD, or designee will educate licensed clinical staff and medication techs on regulation 2600.183.d and the need to only keep current prescriptions, OTC, samples, and CAM for individuals living in the home by 8/9/24. Documentation of the training will be kept. Any discrepancies will be reported to the Executive Director.
3. HWD, AHWD, or designee will audit 10 resident's current prescriptions weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to ensure that only current prescriptions, OTC, samples, and CAM are kept in the home. Audits will begin on 7/25/24 and any discrepancies will be reported to the Executive Director.
4. Audits will be reviewed at monthly Quality Assurance meetings beginning 8/6/24. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented (█) - 09/23/2024

184a - Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 is prescribed █, 1 tablet by mouth two times per day. On █, the pharmacy label indicated █, 1 tablet by mouth at bedtime.

184a - Resident's Meds Labeled (continued)

Resident #2 is prescribed [REDACTED], 1 tablet one time per day at bedtime. On [REDACTED] the pharmacy label indicated [REDACTED], 1 tablet by mouth twice daily.

Resident #2 is prescribed [REDACTED], 1 tablet by mouth at bedtime. On [REDACTED], the label on the roll pack indicated [REDACTED], half tablet by mouth at bedtime.

Resident #2 is prescribed [REDACTED], [REDACTED] in liquid and take by mouth as needed. On [REDACTED] 4, the pharmacy label indicated [REDACTED] in liquid once daily.

Resident #5 is prescribed [REDACTED] scoop one time daily at [REDACTED] On [REDACTED], the pharmacy label indicated [REDACTED], scoop once daily as needed.

REPEAT VIOLATION: 02/22/2024 et al., 01/02/2024

Plan of Correction

Accept [REDACTED] - 08/13/2024)

1. Resident #2 medications were verified by the physician and a change in direction sticker was placed on the medication by HWD on [REDACTED]. Resident #2 discharged from the home on [REDACTED]. Resident number #5 medication was verified by the physician and a change in direction sticker was placed on the medication by HWD on 6/25/25.
2. HWD, AHWD, or designee will educate licensed clinical staff and medication techs on regulation 2600.184.a the need for pharmacy label to include proper dosage and instructions for administration by 8/9/24. Documentation of the training will be kept.
3. HWD, AHWD, or designee will audit 10 resident's current prescriptions weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to ensure the pharmacy label includes the proper dosage and instructions for administration. Audits will begin on 7/25/24 and any discrepancies will be reported to the Executive Director.
4. Audits will be reviewed at monthly Quality Assurance meetings beginning 8/6/24. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented [REDACTED] - 09/23/2024)

185a - Implement Storage Procedures**4. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED] resident #3's glucometer was not calibrated to date or time.

On [REDACTED] resident #5's glucometer was not calibrated to date or time.

Resident #4's glucometer included a blood sugar reading of [REDACTED]; however, the June medication administration record (MAR) indicated [REDACTED] for this blood sugar reading.

REPEAT VIOLATION: 02/22/2024 et al., 01/02/2024

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█ - 08/13/2024)

1. Resident #3 glucometer was calibrated on █ by the HWD to the correct date and time. Resident #4 is discharged from the home. Resident #5 glucometer was calibrated on █ by the HWD to the correct date and time. Resident #5 order for blood sugar check was discontinued on █.
2. HWD, AHWD or designee will educate licensed clinical staff and medication techs on regulation 2600.185.a and the need to calibrate glucometers to the correct date and time and to document the proper reading from the glucometer to the MAR by 8/9/24. Documentation of the training will be kept.
3. HWD, AHWD or designee will audit glucometers weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to ensure that the glucometers are calibrated to the correct date and time and proper documentation of blood sugar readings. Audits will begin on 7/25/24 and any discrepancies will be reported to the Executive Director.
4. Audits will be reviewed at monthly Quality Assurance meetings beginning 8/6/24. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented (█ - 09/23/2024)

187b - Date/Time of Medication Admin.

5. 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 #5 is prescribed █, apply to █. On █ at approximately █ this medication was not present in the medication cart and was later found sitting on the 3rd floor nurses' station counter. The █ dose was signed off as given; however, staff indicated the medication was not administered because it was unavailable.

Resident #5 is prescribed █, apply to buttock area two times per day at █. According to staff, this medication was unavailable for weeks. Staff signed off as administering the medication numerous times when this medication was unavailable to include the following dates and times:

- █

REPEAT VIOLATION: 05/09/2024

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept ([redacted] - 08/13/2024)

1. Resident #5 [redacted] was immediately placed back in the medication cart by HWD on [redacted] and available for administration. Resident #5 [redacted] was ordered on [redacted] by HWD, received by the pharmacy on [redacted] and available for administration.
2. ED, AHWD or designee will educate Med Techs and licensed staff by 8/9/24 on regulation 2600.187.b and the need to accurately record the time the medication has been administered and ensure that medications are available for administration as ordered by a physician. Documentation of the training will be kept.
3. HWD, AHWD or designee will audit 10 resident's MAR for proper documentation of medication administration and meds are available for administration weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to ensure that medication administration is properly documented. Audits will begin on 7/25/24 and any discrepancies will be reported to the Executive Director.
4. Audits will be reviewed at monthly Quality Assurance meetings beginning 8/6/24. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented ([redacted] 09/23/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted], 1 tablet by mouth at bedtime. The bedtime doses for [redacted] and [redacted] had not been administered, as they were still present on the medication cart on [redacted]

Resident #3 is prescribed [redacted] inject subcutaneously twice daily before lunch and dinner per sliding scale. This medication was not administered on [redacted] because it was unavailable in the home.

Resident #5 is prescribed [redacted], 1 tablet at bedtime. However, on [redacted], resident #5 was administered [redacted] which was the dose present in the current prescription roll pack.

Resident #5 is prescribed [redacted], two times per day every day at [redacted]. This medication was not administered on the following dates and times because it was unavailable:

- [redacted]

187d Follow Prescriber's Orders (continued)

Resident #5 is prescribed blood glucose checks two times per day at [REDACTED]. Resident #5's blood glucose check was not conducted on the following dates and times:

- [REDACTED]

REPEAT VIOLATION: 05/09/2024, 03/19/2024 et al., 02/22/2024 et al., 01/02/2024

Plan of Correction

Accept [REDACTED] - 08/13/2024)

1. Resident #2 discharged from the community on [REDACTED]. Resident #3 [REDACTED] was received from the pharmacy on [REDACTED]. Resident #3 uses a [REDACTED] and was monitored by LPN, Med Techs, and DCS for any high or low blood sugar alert and there were no alerts reported on [REDACTED]. On 6/27/24 HWD contacted Resident #5 physician for order clarification. [REDACTED] order was clarified to be [REDACTED] daily. Resident #5 [REDACTED] was received from the pharmacy on [REDACTED]. Resident #5 glucometer checks were discontinued on [REDACTED].
2. ED, AHWD or designee will educate Med Techs and licensed clinical staff by 8/9/24 on regulation 2600.187.d and the need to administer medications as ordered by the prescriber. Documentation of the training will be kept.
3. HWD, AHWD or designee will audit 10 residents MAR to physician's order for proper medication administration weekly for 4 weeks, bi weekly for 4 weeks, and monthly for one month. Audits will begin on 7/25/24 and any discrepancies will be reported to the Executive Director.
4. Audits will be reviewed at monthly Quality Assurance meetings beginning 8/6/24. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented ([REDACTED]/23/2024)

225a - Assessment 15 Days

7. 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 #6 was admitted to the home on [REDACTED] however, resident #6's Assessment, dated [REDACTED], indicated an incorrect date of admission of [REDACTED].

Resident #7 was admitted to the home on [REDACTED]; however, resident #7's Assessment was not completed until [REDACTED] and it indicated an incorrect date of admission of [REDACTED].

225a Assessment 15 Days (continued)

Resident #8 was admitted to the home on [REDACTED]; however, resident #8's Assessment was not completed until [REDACTED]. Additionally, resident #8's medical evaluation, dated [REDACTED], indicated numerous diagnoses which are not listed on this Assessment to include [REDACTED].

Resident #9 was admitted to the home on [REDACTED] however, resident #9's Assessment was not completed until [REDACTED].

REPEAT VIOLATION: 02/22/2024 et al., 11/06/2023

Plan of Correction

Accept [REDACTED] - 08/13/2024)

1. Resident #6 admission date was corrected on the RASP on [REDACTED] by HWD to reflect the physical move in date of [REDACTED]. Resident #7 admission date was corrected on the RASP by HWD on [REDACTED] to reflect the physical move in date of [REDACTED]. Resident #8 RASP was updated on [REDACTED] by AHWD to reflect the current diagnosis on the medical evaluation.
2. ED or designee will educate HWD and AHWD, and MCD on regulation 2600.225.a and the need for initial assessment with 15 days of admission and to include the accurate move in date by [REDACTED]. Documentation of the training will be kept.
3. HWD, AHWD, MCD or designee will audit initial resident assessments for currently served residents for completion within 15 days of admission and documentation of accurate move in dates weekly for 4 weeks, bi weekly for 4 weeks, and monthly for one month. Audit will begin n 7/25/24 and any discrepancies will be reported to the Executive Director.
4. Audits will be reviewed at monthly Quality Assurance meetings beginning 8/6/24. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented [REDACTED] - 09/23/2024)

227d - Support Plan Medical/Dental

8. 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

Resident #2 had a significant change in care Support Plan on [REDACTED] after returning from the hospital on [REDACTED]. The finalized date was blank. Resident #2 has diagnoses of numerous [REDACTED] and is on bed rest. Staff indicated [REDACTED] is a 2 person transfer assist and has hospice services. However, the support plan only

227d - Support Plan Medical/Dental (continued)

indicates the resident is now on hospice services and hospice is managing pain medication management. It did not include the care plan services hospice is providing, including foley catheter care, and did not include a plan to meet resident #2's mobility and emergency evacuation needs other than indicating the resident requires physical assistance to evacuate residence or to request emergency services and transfer with a draw sheet.

Plan of Correction

Accept [redacted] - 08/13/2024)

1. Resident #2 discharged from the home on [redacted]. Resident #2 support plan was updated by HWD on [redacted] to reflect resident's care needs include care hospice is providing, foley catheter care, mobility needs and emergency evacuation needs.
2. ED or designee will educate HWD, AHWD, and MCD on regulation 2600.227.d and the need to update and document on the resident's support plan the plan to meet the residents care needs by 8/9/24. Documentation of the training will be kept.
3. HWD, AHWD, MCD or designee will audit 10 resident's support plans to ensure that the needs of the residents are documented weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month. Audits will begin on 7/25/24 and any discrepancies will be reported to the Executive Director.
4. Audits will be reviewed at monthly Quality Assurance meetings beginning 8/6/24. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented ([redacted]) - 09/23/2024)

227g -Support Plan Signatures

9. 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 #6's support plan, dated [redacted] is not signed by the assessor or the resident and it did not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #7's support plan, dated [redacted] is not signed by the assessor.

Resident #8's support plan, dated [redacted] is not signed by the assessor or the resident and it did not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #9's support plan, dated [redacted], is not signed by the assessor or the resident and it did not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

REPEAT VIOLATION: 02/22/2024 et al., 11/06/2023

Plan of Correction

Accept [redacted] - 08/13/2024)

1. Resident #6 support plan was signed by resident on [redacted] and assessor on [redacted]. Resident #7 support plan

227g Support Plan Signatures (continued)

was signed by the assessor on [redacted] and resident on [redacted]. Resident #8 support plan was signed by the assessor on [redacted] and the resident on [redacted]. Resident #9 support plan was signed by the assessor on [redacted] and the resident on 7/7/24.

2. ED or designee will educate HWD, AHWD, MCD on regulation 2600.227.g and need to have support plans signed by the resident and the assessor and if the resident was unable to participate, declined to participate, refused to sign or was unable to sign by [redacted]. Documentation of the training will be kept.

3. ED, HWD, AHWD, MCD or designee will audit 10 resident's support plans to ensure that the support plans are signed by the assessor and the resident with documentation that indicates if the resident was unable to participate, declined to participate, refused to sign or was unable to sign, if applicable, weekly for 4 weeks, bi weekly for 4 weeks, and monthly for one month. Audits will begin on 7/25/24 and any discrepancies will be reported to the Executive Director.

4. Audits will be reviewed at monthly Quality Assurance meetings beginning 8/6/24. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented ([redacted] - 09/23/2024)

231b - Medical Evaluation

10. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #7 was admitted to the secured dementia care unit on [redacted]. However, the resident's medical evaluation, dated [redacted] does not indicate the need for the resident to be served in a secured dementia care unit.

REPEAT VIOLATION: 02/22/2024 et al.

Plan of Correction

Accept ([redacted] - 08/13/2024)

1. Resident #7 has a medical evaluation on [redacted] to include the need for the resident to be served in a secured dementia care unit.

2. ED or designee will educate the MCD on regulation 2600.231.b and the need to have a medical evaluation within 60 days prior to admission. Documentation shall include the resident's diagnosis of [redacted] or other dementia and the need for the resident to be served in a secured dementia care unit by [redacted]. Documentation of the training will be kept.

3. MCD or designee will audit 5 resident's medical evaluations to ensure that there is an indicated need for the resident to be served in a secured dementia unit weekly for 4 weeks, bi weekly for 4 weeks, and monthly for one month. Audits will begin on 7/25/24 and any discrepancies will be reported to the Executive Director.

4. Audits will be reviewed at monthly Quality Assurance meetings beginning 8/6/24. Continued review will be

231b - Medical Evaluation (continued)

based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented (█ - 09/23/2024)

234a - Admission Support Plan

11. 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 #6 was admitted to the secured dementia care unit (SDCU) on █ and the resident's initial support plan was completed on █

Resident #7 was admitted to the secured dementia care unit (SDCU) on █ and the resident's initial support plan was completed on █

Resident #10 was admitted to the secured dementia care unit (SDCU) on █ and the resident's initial support plan was completed on █

REPEAT VIOLATION: 02/22/2024 et al., 11/06/2023

Plan of Correction

Accept (█ - 08/13/2024)

1. ED or designee will educate the MCD and AHWD on regulation 2600.234.a and the need for residents admitted to the secured dementia care unit to have a support plan developed, implemented and documented in the resident record within 72 hours of admission or 72 hours prior to admission by █. Documentation of the training will be kept.
2. MCD or designee will audit currently served PCH residents who may be admitted to the secured dementia community weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to ensure that the support plan is completed within 72 hours of admission. Audits will begin on 7/25/24 and any discrepancies will be reported to the Executive Director.
3. Audits will be reviewed at monthly Quality Assurance meetings beginning █. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented (█ - 09/23/2024)