



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCTOBER 9, 2024

[REDACTED]
KJ Bethel Park, LLC
2000 Cool Springs Drive
Pittsburgh, Pennsylvania 15234

RE: The Sheridan at Bethel Park
License #: 44948

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) licensing inspections on August 26, 2024, and September 4, 2024, of the above facility that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

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: *06/01/2024*
Address: *2000 COOL SPRINGS DRIVE, PITTSBURGH, PA 15234*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *128* Waking Staff: *96*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident, Monitoring* Exit Conference Date: *09/04/2024*

Inspection Dates and Department Representative

08/26/2024 - On-Site: [REDACTED]
09/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *147* Residents Served: *87*

Secured Dementia Care Unit

In Home: *Yes* Area: *MC1 & MC2* Capacity: *37* Residents Served: *30*

Hospice

Current Residents: *18*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *86*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *41* Have Physical Disability: *1*

Inspections / Reviews

08/26/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Enforcement*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 8/4/26, at approximately 9:00 a.m. staff person A, LPN, left the home without administering medications to any residents. 41 residents in the home did not receive morning medications. The home did not report this incident to the Department until 8/6/24.

Plan of Correction

Directed [REDACTED] - 10/02/2024)

DIRECTED: Within 1 calendar day of receipt of the plan of correction: The administrator shall audit all reportable incidents and conditions daily to ensure all incidents and conditions are reported in accordance with Regulation 2600.16(c). Documentation of audits shall be kept. --10/2/24 [REDACTED]

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.16(c). Documentation of education shall be kept in accordance with regulation 2600.65(i). -10/2/24 [REDACTED]

DIRECTED: Within 30 calendar days of receipt of the plan of correction and at least quarterly thereafter - The administrator will review all reportable incidents and conditions as part of a quality management review to ensure all reportable incidents and conditions under Chapter 2600.16c are reported to the Department within the required time frame and by the required reporting method. -10/2/24 [REDACTED]

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8/26/24 at approximately 4:14 p.m., the binder for narcotic medication information, containing resident information for multiple residents was unlocked, unattended and accessible on top of the medication cart to the right of bedroom 352, to include the information of residents #1 and #2.

Repeat violation: 2/22/24

Plan of Correction

Directed [REDACTED] - 10/02/2024)

Within 7 days of receipt of the plan of correction - All staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident records in a secure location. - [REDACTED] 10/2/24

17 - Record Confidentiality (continued)

Within 7 days of receipt of the plan of correction - The administrator will review and update, where necessary, the policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records. ■ 10/2/24

Within 7 days of receipt of the plan of correction - A designated staff person, daily and on each shift will monitor the home to ensure all resident records are kept locked and inaccessible. ■ 10/2/24

Within 7 days of receipt of the plan of correction - The administrator will monitor the home at least weekly to ensure all resident records are kept safe, locked and confidential manner. Documentation will be kept. ■ 10/2/24

60a - Staff/Support Plan**3. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 6/15/24 and 6/16/24, the home served 108 residents, including 47 residents with mobility needs, which includes 30 residents who reside in the secured dementia care unit (SDCU). However, there were only 3 staff persons working in the home overnight on 6/15/24 from 10:39 p.m. to 5:45 a.m. on 6/16/24. The staffing is inadequate to evacuate residents in the event of an emergency.

Plan of Correction

Directed ■ - 10/02/2024)

Within 1 day of receipt of the plan of correction - The administrator or designated staff person will develop and implement a schedule of increased staffing levels to safely evacuate the residents in the event of an emergency. This will minimally include provision of at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs in addition to personal care service staffing hours to meet the needs of the residents as specified in their assessments and support plans, and as needed to safely evacuate the residents in the event of an emergency. ■ 10/2/24

Within 7 days from receipt of the plan of correction - The administrator will review the schedule and residents' assessments and support plans at least weekly to ensure sufficient staffing hours are provided, for all shifts, including the overnight shift. The administrator or designee will conduct unannounced on-site checks twice per calendar month during the overnight shift to ensure compliant staffing is present in the home. ■ 10/2/24

Within 45 days of receipt of the plan of correction - The administrator will supervise and conduct a fire drill during sleeping hours with minimum staff to ensure that staffing is sufficient to evacuate residents within a time designated in writing by a fire safety expert and to supervise residents during the drill. The results of the drill, including the fire drill log, will be immediately faxed or emailed to the Department to the attention of ■ 10/2/24

60a - Staff/Support Plan (continued)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 6/15/24 and 6/16/24, there were 108 residents present in the home. There were only two staff persons certified in both first aid and CPR on duty overnight on 6/15/24 from 10:39 p.m. to 5:45 a.m. on 6/16/24.

Plan of Correction

Directed [REDACTED] - 10/02/2024)

Within 1 day of receipt of the plan of correction - The administrator will ensure at least one staff person for every 50 residents who is trained in first aid and certified obstructed airway techniques and cardiopulmonary resuscitation is present in the home at all times. - [REDACTED] 10/2/24

Within 1 day of receipt of the plan of correction - The administrator will audit the schedule at least weekly, to ensure that the required number of staff persons who meet the requirements under 2600.63a are scheduled and present in the home. The administrator or designee will conduct unannounced on-site checks twice per calendar month during the overnight shift to ensure compliant staffing is present in the home. - [REDACTED] 10/2/24

183d - Prescription Current

5. 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

Resident #4 was ordered Triple Antibiotic ointment 28.4gm, apply topically to right shin once daily for 10 days beginning on 7/23/24. However, on 8/26/24, this medication was still stored in the medication cart.

Repeat violation: 2/22/24 et al and 1/2/24 et al

Plan of Correction

Directed [REDACTED] - 10/02/2024)

Within 5 calendar days of receipt of the plan of correction - The identified medication and any other expired or discontinued medications will be destroyed in a safe manner in accordance with the home's policy, as well as in accordance with 2600.183f. [REDACTED] 10/2/24

Within 5 calendar days of receipt of the plan of correction - All staff persons will be reeducated on the home's policy of safe destruction of discontinued or expired medications. Documentation will be kept. [REDACTED] 10/2/24

Within 5 calendar days of receipt of the plan of correction - The administrator will monitor the medication cart, the administrator's office, and any other medication storage areas to ensure discontinued medications, expired

183d - Prescription Current (continued)

medications and medications for residents no longer served in the home, are destroyed in a safe manner in accordance with the home's policy, as well as in accordance with 2600.183f. - [REDACTED] 10/2/24

185a - Implement Storage Procedures**6. Requirements****Description of Violation**

Resident #1 is ordered Methocarbamol 500mg, 0.5 tablet as needed twice a day, Albuterol HFA 108mcg/ACT, 2 puffs every 4 hours as needed, and Tetrabenazine 25mg, 1 tablet every 8 hours as needed. However, on 8/26/24, these medications were not available in the home.

On 6/6/24, at approximately 8:15 p.m., the pharmacy delivered 60 tablets of Hydrocodone-Acetaminophen 5/325mg, prescribed to resident #3, which was received by staff person B, medication technician. On 6/7/24, during the 6:00 a.m. – 2:00 p.m. shift change narcotic count, direct care staff discovered the medication was not accounted for and was not present in the home.

Repeat violation: 2/22/24 et al and 1/22/24 et al

Plan of Correction

Directed [REDACTED] - 10/02/2024)

The administrator reported the missing narcotics to the police department. [REDACTED] 10/2/24

Within 1 day of receipt of the plan of correction - The administrator will conduct an internal investigation and ensure that all of resident #1's and resident #3's medications, including PRNs, are stored properly in the home and available for administration. Documentation of the investigation will be kept to include the findings and resulting actions, personnel or otherwise, to address the missing medications. - [REDACTED] 10/2/24

Within 1 day of receipt of the plan of correction - A narcotic count will be conducted by two staff persons daily on each shift. An additional narcotic count will be conducted by the administrator or designee weekly. Documentation of these narcotic counts will be kept. - [REDACTED] 10/2/24

Within 7 days of receipt of the plan of correction - The administrator will conduct a check of the home at least weekly to ensure the proper storage and availability of medications. - [REDACTED] 10/2/24

Within 7 days of receipt of the plan of correction - The administrator will review and update the procedures for the safe storage, access, security, distribution and use of medications to include safe handling of controlled medications and that all medications prescribed for residents will be available in the home including PRN medications. - [REDACTED] 10/2/24

Within 7 days of receipt of the plan of correction -All staff administering medication will be educated on the safe storage, access, security, distribution and use of medications. Documentation will be kept. [REDACTED] 10/2/24

185a - Implement Storage Procedures (continued)

Within 7 days of receipt of the plan of correction and at least monthly thereafter - The administrator or designee will complete a full medication audit, to ensure all medications are available in the home for administration for each resident at all times. Documentation will be kept. - [REDACTED] 10/2/24

187d - Follow Prescriber's Orders**7. Requirements**

2600.

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

Description of Violation

On 8/4/24 during the 6:00 a.m. - 2:00 p.m. shift, staff person A, LPN, left the home without administering morning medications to 41 residents including residents #1, #2, #5.

Repeat violation: 3/19/24 et al, 2/22/24 et al and 1/2/24 et al

Plan of Correction

Directed [REDACTED] - 10/02/2024)

DIRECTED: Within 1 day of receipt of the plan of correction - The administrator will review the schedule daily to ensure an adequate number staff who are qualified to administer medications are scheduled. - [REDACTED] 10/2/24

DIRECTED: Within 1 day of receipt of the plan of correction - The administrator will ensure there is a substitute staffing plan in place in the event of an emergency, including an adequate number of staff who are qualified to administer medications in the home. - [REDACTED] 10/2/24