



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCTOBER 18, 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 September 18, 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: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *140* Waking Staff: *105*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *09/18/2024*

Inspection Dates and Department Representative

09/18/2024 - 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, MC 2* Capacity: *37* Residents Served: *27*

Hospice

Current Residents: *18*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *53* Have Physical Disability: *1*

Inspections / Reviews

09/18/2024 - Partial

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

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 has a diagnosis of dementia, resides in the home's secured dementia care unit (SDCU) and is assessed as a one-person assist, requiring some physical assistance with toileting.

On [REDACTED] 24 at 1:43 a.m., staff person A was observed on a nanny camera in the resident's bedroom attempting to provide resident #1 with incontinence care. Staff person A can be seen trying to roll resident #1 onto [REDACTED] side. When this was unsuccessful, staff person A can be seen pushing resident #1's left forearm and left leg in an effort to get [REDACTED] onto [REDACTED] side. This appeared to agitate resident #1, who in turn grabbed staff person A by the forearm and continued to reach for staff person A. Staff person A was observed grabbing resident #1 by the left wrist and stated, "Get off of me. Don't touch me."

Approximately 5 minutes later, at 1:48 a.m., the next video clip shows resident #1 sitting on the bed with [REDACTED] right arm out of [REDACTED] shirt and the rest of the shirt twisted around [REDACTED] neck and left arm. Staff person A states, "Do you want to sit in your pee? I am trying to help you." Staff person A continued to try and remove the shirt. When [REDACTED] was unable to, [REDACTED] pushed resident #1 away and walked out of the room, leaving resident #1 partially nude sitting on the edge of the bed with a shirt twisted around her neck and arm.

Repeat Violation: 3/19/24 et al

Plan of Correction

Directed [REDACTED] - 10/11/2024)

DIRECTED: Within 24 hours of receipt of the plan of correction - Staff person A will be retrained in caring for residents with dementia, positive interventions, assisting residents with incontinence care, dressing and bathing and mobility needs in a manner that's compliant with §2600.42(b). - [REDACTED] 10/11/24

DIRECTED: Within 24 hours of receipt of the plan of correction - Staff person A will be directly observed providing care for residents by the administrator or designee, on each shift for a period of one hour for a minimum of 4 weeks. Documentation will be kept. - [REDACTED] 10/11/24

DIRECTED: Within 24 hours of receipt of the plan of correction - The administrator or designee will increase supervision of all staff during care to ensure that staff are promptly and proficiently assisting residents with ADLs and IADLs, including incontinence care, dressing and bathing and mobility needs in a manner that's compliant with §2600.42(b).

42b - Abuse (continued)

DIRECTED: Within 15 days of receipt of the plan of correction - The administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 4 residents in the personal care section of the home regarding care and treatment, including assistance with incontinence care, dressing and bathing, repositioning. In addition, the administrator or designee will interview and observe staff providing care in the SDCU for at least 4 residents per month. Documentation will be kept. - [REDACTED] 10/11/24

DIRECTED: Within 30 days from receipt of this plan of correction – All staff persons will be trained on §2600.42(b) by an outside source approved by the Department. The administrator will provide continual reinforcement of residents' rights and appropriate treatment of residents. Documentation will be kept. - [REDACTED] 10/11/24

DIRECTED: Within 30 days from receipt of this plan of correction – All staff persons will be retrained on transferring, repositioning residents in bed, incontinence care, dressing and bathing and assisting with mobility needs from an outside source approved by the Department. - [REDACTED] 10/11/24

DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). - [REDACTED] 10/11/24

184a - Resident's Meds Labeled**2. Requirements**

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2, is ordered ABHR 1/25/1mg/1ml, apply topically 1 syringe twice daily at 9:00 a.m. and 7:00 p.m.; however, the medication label indicates apply topically to wrist or neck area twice a day at 9:00 a.m. and 7:00 p.m.

Resident #2, is ordered Lorazepam 2mg/ml prefilled syringes, give 0.5ml (one mg) three times daily at 7:00 a.m., 2:00 p.m. & 9:00 p.m., however, the label does not include the route of administration.

Repeat Violation: 2/22/24, et. al.; 1/2/24, et. al

Plan of Correction

Directed [REDACTED] - 10/11/2024)

DIRECTED: Within 24 hours of receipt of the plan of correction – The administrator or designee will obtain new, complete labels for resident #2's medications. - [REDACTED] 10/11/24

184a - Resident's Meds Labeled (continued)

DIRECTED: Within 5 days of receipt of the plan of correction – All staff will be reeducated on requirement that all prescribed medications have a label with all required information in accordance with 2600.184a, and the process matching the label to the MAR. Documentation will be kept. - [REDACTED]/11/24

DIRECTED: Within 5 days of receipt of the plan of correction and biweekly thereafter – The administrator or a designee will complete a full medication audit to ensure all medications are labeled with all required information in accordance with 2600.184a and that the medication labels match the current prescription orders and the medication administration record (MAR). Documentation will be kept. - [REDACTED] 10/11/24

187a - Medication Record**3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2, is ordered Lorazepam 2mg/ml prefilled syringes, give 0.5ml (1mg) three times daily at 7:00 a.m., 2:00 p.m. & 9:00 p.m., however, the September 2024 medication administration record (MAR) does not include the route of administration.

Resident #3 is ordered ABH Cream 1mg/25mg/1mg, apply 1ml to neck or wrist twice daily at 7:00 a.m. and 7:00 p.m. However, the September 2024 MAR indicated ABH 1/25/1mg/1ml. apply externally prefilled syringe, 1 prefilled syringe two times per day every day at 7:00 a.m., 7:00 p.m.

Repeat Violation: 2/22/24 et al

Plan of Correction

Directed [REDACTED] - 10/11/2024)

DIRECTED: Within 24 hours of receipt of the plan of correction – The administrator or designee will update the

187a - Medication Record (continued)

MAR for medications of resident #2 and #3. - [REDACTED]/11/24

DIRECTED: Within 5 days of receipt of the plan of correction – All staff will be reeducated on reviewing the MAR to ensure all required documentation is present. Documentation will be kept. - [REDACTED] 10/11/24

DIRECTED: Within 5 days of receipt of the plan of correction and biweekly thereafter – The administrator or a designee will complete a full medication audit to ensure all resident MARs are complete and accurate in accordance with 2600187(a). Documentation will be kept. - [REDACTED]/11/24

187d - Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

Resident #3, is ordered ABH Cream 1mg/25mg/1mg, apply 1ml to neck or wrist twice daily at 7:00 a.m. and 7:00 p.m. However, on 9/11/24 at approximately 8:00 a.m. direct care staff person B, administered the ABH Cream orally instead of applying to the neck or wrist of resident #3.

Repeat Violation: 5/9/24, et.al.; 3/19/24 et. al; 2/22/24 et. al; 1/2/24 et al

Plan of Correction

Directed [REDACTED] - 10/11/2024)

DIRECTED: Within 2 days of receipt of the plan of correction – Staff person A will be reeducated on following prescriber's orders, specifically for residents receiving hospice services, including routes of medications and labeling. Documentation will be kept. [REDACTED] 10/11/24

DIRECTED: Within 2 days of receipt of the plan of correction – A designated staff person will monitor the MAR and the administration of resident medication daily to ensure prescriber's orders are followed. Documentation will be kept.

DIRECTED: Within 5 days of receipt of the plan of correction – The administrator or designee will monitor the MAR and the administration of resident medication at least twice weekly to ensure the orders of the prescriber are being followed. Documentation will be kept. - [REDACTED]/11/24

DIRECTED: Within 5 days of receipt of the plan of correction – A designated staff person will review physician orders after each physician appointment and discharge and prescription orders for all residents after hospitalization to ensure all prescriptions orders are current and are accurately documented on all resident MARs and medication labels and that the medication is available in the home. Documentation will be kept. - [REDACTED]/11/24

DIRECTED: Within 15 days of receipt of the plan of correction – All staff persons administering medication will be reeducated on proper medication administration procedures by a Department-approved source not affiliated with the home, to include following the orders of the prescriber, route of medication and labeling, and hospice medications. Documentation will be kept. - [REDACTED] 10/11/24

187d - Follow Prescriber's Orders (continued)

225c - Additional Assessment

5. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment, dated [REDACTED]/24, for resident #1, does not include the diagnoses of anxiety disorder, constipation, and toenail fungus that are indicated on the medical evaluation, dated [REDACTED]/24.

The assessment, dated [REDACTED]/24, for resident #3 does not include the diagnoses of anxiety, constipation, and insomnia that are indicated on the medical evaluation, dated [REDACTED]/24.

Repeat Violation: 2/22/24 et al

Plan of Correction

Directed [REDACTED] - 10/11/2024)

DIRECTED: Within 5 calendar days of receipt of the plan of correction – The assessments for residents #1 and #3 will be updated to include all diagnoses. - [REDACTED] 10/11/24

DIRECTED: Within 30 calendar days of receipt of the plan of correction - The administrator or designee will review the assessments of all current residents to ensure a timely, complete and accurate assessment is present in each record, including all diagnoses, special diets, and other needed services. Documentation will be kept. - [REDACTED]/11/24

DIRECTED: Within 30 calendar days of receipt of the plan of correction - All staff persons completing assessments will be educated regarding the completion and accuracy of the document including required timeframes, documentation of all diagnoses, special dietary needs, and needed services. Documentation of the training will be kept. - [REDACTED] 10/11/24

DIRECTED: Within 30 calendar days of receipt of the plan of correction - The administrator will develop a system to ensure resident assessments are immediately updated as resident care needs change. All direct care staff persons shall be educated on the new system. Documentation of education will be kept. - [REDACTED] 10/11/24