



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEBRUARY 11, 2025

[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 January 16, 2025, and January 17, 2025, 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 black ink 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

Type: *I-1* Date: *12/13/2018* Issued By: *Municipality of Bethel Park*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *123* Waking Staff: *92*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident, Monitoring* Exit Conference Date: *01/27/2025*

Inspection Dates and Department Representative

01/16/2025 - On-Site: [REDACTED]
01/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *147* Residents Served: *76*

Secured Dementia Care Unit

In Home: *Yes* Area: *MC1 & MC2* Capacity: *40* Residents Served: *24*

Hospice

Current Residents: *19*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *47* Have Physical Disability: *0*

Inspections / Reviews

01/16/2025 - Full

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

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 1/17/25 at approximately 10:32 a.m., there was a partially filled, uncovered trash can in the shared bathroom located in bedroom 335. There was also a partially filled, uncovered trash can in the shared kitchenette located in the same bedroom.

Repeat violation: 2/22/24 et al

Plan of Correction

Directed (█ - 02/03/2025)

Within 24 hours of receipt of the plan of correction - Covers will be placed on the identified trash cans. - █-3-25

Within 5 days of receipt of the plan of correction - All staff persons will be educated on keeping trash receptacles covered. Documentation of training will be kept. - █ 2-3-25

Within 5 days of receipt of the plan of correction - A designated staff person will check all trash receptacles in the kitchen and bathrooms daily to ensure each has a lid in place. - █ 2-3-25

Within 10 days of receipt of the plan of correction and at least twice per month thereafter -The administrator or designee will check trash receptacles in the kitchen and bathrooms and at least 5 resident rooms to ensure each trash receptacle is covered. - █ 2-3-25

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 1/17/25 at approximately 11:09 a.m., the water temperature at the sink in bedroom 251 measured 122.9 degrees Fahrenheit.

Plan of Correction

Directed (█ - 02/03/2025)

Within 24 hours of receipt of the plan of correction and daily thereafter for one month – The administrator or designated staff person will take remedial action to lower the water temperature at the sink in bedroom 251 and monitor the water temperature in different areas of the home, to include alternate floors and wings. Remedial action will be taken immediately upon discovery of water temperatures above 122.0 degrees Fahrenheit. Temperatures will be taken daily for one month, at a minimum of 3 sinks and 3 showers. Documentation will be kept. -- █ 2-3-25

89b - Hot Water Temperature (continued)

100b - Removal Snow/Obstructions

3. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/17/25 at approximately 12:23 p.m., the entire exterior walkway from the emergency egress route from the 1st floor personal care "high side" door was covered in approximately 3 - 4 inches of snow.

Plan of Correction

Directed [REDACTED] - 02/04/2025)

Within 24 hours of receipt of the plan of correction, at the beginning and end of each shift, and more frequently based on weather conditions - A designated staff person will check outside walkways, ramps, steps, recreational areas and exterior fire escapes to ensure they are free and clear of ice, snow and any obstructions.

[REDACTED] 2-3-25

Within 24 hours of receipt of the plan of correction, at the beginning and end of each shift, and more frequently based on weather conditions - The administrator or designee will check outside walkways, ramps, steps, recreational areas and exterior fire escapes to ensure they are free and clear of ice, snow and any obstructions. -- [REDACTED] 2-3-25

Within 2 days of receipt of the plan of correction - All staff persons will be educated regarding keeping all outside walkways, ramps, steps, recreational areas and exterior fire escapes clear of snow, ice and any other obstructions. Documentation will be kept. -- [REDACTED] 2-3-25

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Ten minutes is the home's maximum safe evacuation time as determined in writing by a fire safety expert on 8/27/24. The evacuation time for the fire drill conducted during sleeping hours on 10/31/24 at 4:15 a.m. was twelve minutes.

The fire drill record indicates there were 80 residents present in the home for the fire drill conducted on 11/13/24 at

132d - Evacuation (continued)

10:40 p.m., however, only 77 residents were evacuated.

Plan of Correction

Directed [REDACTED] - 02/05/2025)

The home conducted another sleeping hours fire drill on 11/13/24 at 10:40 p.m.

Within 24 hours of receipt of the plan of correction - All residents of the home shall evacuate during fire drills to a fire safe area designated in writing by a fire safety expert or to a designated outside meeting area. [REDACTED] 2-3-25

Within 24 hours of receipt of the plan of correction - The administrator will review the fire drill log monthly to ensure all residents are evacuated during each drill and that evacuation times are completed in the time specified in writing by a fire safety expert. Documentation will be kept. -- [REDACTED] 2-3-25

Within 7 days of receipt of the plan of correction - All staff persons will be reeducated on fire drill evacuation times and the requirement to evacuate all residents to a fire to a designated meeting place in an internal fire safe area or to the designated outside meeting area. outside of the home. Documentation will be kept. [REDACTED] 2-3-25

Within 7 days of receipt of the plan of correction - If an evacuation time during any fire drill exceeds the time specified by the fire safety expert, the home will conduct another fire drill until evacuations are completed within the time specified by the fire safety expert for 2 consecutive drills. -- [REDACTED] 2-3-25

227d - Support Plan Medical/Dental**5. 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 #1 was admitted to hospice services on [REDACTED] 4. However, the support plan for resident #1, dated [REDACTED]/24, does not indicate the type and frequency of services provided by hospice.

Repeat violation: 6/24/24 et al

Plan of Correction

Directed [REDACTED] - 02/05/2025)

Within 24 hours of receipt of the plan of correction - The administrator or designee will update the support plan of resident #1 to indicate the type and frequency of services that are provided by the hospice agency. -- [REDACTED] 2-3-25

Within 7 days from receipt of this plan of correction - All staff persons completing support plans will be educated regarding the completion and accuracy of the document including the type and frequency of services hospice and other outside agencies provide. Documentation will be kept. -- [REDACTED] -3-25

Within 20 days from receipt of this plan of correction - The administrator or designee will review the support plans of all current residents to ensure a current, complete and accurate support plan is present in each record.

227d - Support Plan Medical/Dental (continued)

Documentation will be kept. -- [REDACTED] 2-3-25