



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **KJ BETHEL PARK LLC**
LEGAL ENTITY

To operate **DISCOVERY COMMONS BETHEL PARK**
NAME OF FACILITY OR AGENCY

Located at **2000 COOL SPRINGS DRIVE, PITTSBURGH, PA 15234**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **147**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 21, 2025** until **August 21, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449480**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

EMAILING DATE: AUGUST 21, 2025

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

RE: Discovery Commons Bethel Park
2000 Cool Springs Drive
Pittsburgh, Pennsylvania 15234
License #: 44948

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on July 17, 2025 and July 18, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with Title 55, PA Code, Chapter 2600. Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

Facility Information

Name: DISCOVERY COMMONS BETHEL PARK License #: 44948 License Expiration: 10/07/2025
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: 115 Waking Staff: 86

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Provisional, Settlement Exit Conference Date: 07/18/2025

Inspection Dates and Department Representative

07/17/2025 - On-Site: [REDACTED]
07/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 147	Residents Served: 69		
Secured Dementia Care Unit			
In Home: Yes	Area: Memory Care 1st and 2nd Floors	Capacity: 40	Residents Served: 21
Hospice			
Current Residents: 13			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 68		
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 46	Have Physical Disability: 0		

Inspections / Reviews

07/17/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/03/2025

Inspections / Reviews (*continued*)

08/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/12/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/08/2025

08/06/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/12/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/11/2025

08/18/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/12/2025

Reviewer: [REDACTED]

Follow-Up Type:

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 7/17/25 at approximately 11:10 a.m., the beside mobility device affixed to the right side of resident #1's bed in resident room [REDACTED] had an opening that measured approximately ten inches wide by five inches high, and presented a hazard of limb entanglement or entrapment for the resident.

Plan of Correction

Accept [REDACTED] - 08/06/2025)

On 7/17/2025 the bedside mobility device was removed from resident #1's bed and from resident #1 room. Within 14 days of receipt of the POC, all clinical staff will be educated on the importance of having wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazard. Within 7 days of the receipt of POC, the Facility Ops Director or staff designee will monitor weekly the home's wheelchairs, walkers, prosthetic devices and other apparatus to ensure they are clean, in good repair and free of hazards until 10/1/2025. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [REDACTED] - 08/18/2025)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 7/17/25 at approximately 10:33 a.m. the emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted on or near the telephone in the home's kitchen mounted to the wall to the right of the hand sink and door to the employee entrance area.

Plan of Correction

Accept [REDACTED] - 08/06/2025)

On 7/17/2025 the emergency telephone numbers were attached to the home kitchen telephone. Within 7 days of receipt of the POC, a designated staff person will monitor the home telephones weekly for the Emergency Telephone numbers listing until 10/1/2025. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented [REDACTED] - 08/18/2025)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (*continued*)**Description of Violation**

On 7/17/25 at approximately 10:19 a.m., there was no thermometer in the ice cream freezer of the home's kitchen and the temperature could not be measured. A thermometer was placed and the freezer was checked again at approximately 4:18 p.m. and indicated a temperature of negative two degrees Fahrenheit.

Plan of Correction

Accept (█ - 08/06/2025)

On 7/17/25 a thermometer was placed into the ice cream freezer. Within 7 days of the receipt of the POC, a designated staff person will monitor the freezer and refrigerators weekly to ensure a thermometer is in place until 10/1/2025. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented (█ - 08/18/2025)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

The home provided two separate medical evaluations for resident #2, both dated █/25, however, the first medical evaluation was missing resident vital details for weight, pulse rate, blood pressure and temperature, those areas were left blank. Additionally, the second medical evaluation dated █/25 contained the missing resident vital information but did not record the resident's height of five-feet and one-inch documented on the other medical evaluation form.

Plan of Correction

Accept (█ - 08/06/2025)

Starting 7/19/25 The HWD, AHWD conducted a full Community audit to update medical evaluations and was completed by 7/31/2025, including resident #2. Within 7 days of receipt of the POC the HWD, AHWD, MCD or licensed clinical staff bi-monthly will complete audits on all resident's medical evaluations for proper completion and ensure no blanks until 10/1/25. Audits will then be completed quarterly ongoing. Audits will be reviewed at monthly QA meetings starting 8/6/25. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented (█ - 08/18/2025)

184a - Resident's Meds Labeled

5. 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

The pharmacy label for resident #3's Ondansetron 4mg tablet indicated "Take one tablet by mouth every 8 hours as needed." However, resident #3 was prescribed Ondansetron 4mg tablet, take one tablet by mouth every 6 hours as needed.

Plan of Correction

Accept (█ - 08/06/2025)

On 7/18/25 HWD put a Change of Direction Sticker on Resident's #3 Ondansetron. Within 7 days of the receipt of

184a - Resident's Meds Labeled (continued)

the POC, HWD, AHWD, or any licensed clinical staff will monitor and verify weekly any outside pharmacy and inside pharmacy medication that will need a change of direction sticker, audit ending 10/1/2025. Audits will be completed Quarterly ongoing. Audits will be reviewed at monthly QA meetings starting 8/6/25. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented [redacted] - 08/18/2025)

225c - Additional Assessment

6. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #4's annual assessment, dated [redacted] 25, did not include an assessment for agitation that was indicated on the prescriber's orders attached to the resident's annual medical evaluation, also dated [redacted] 25.

Plan of Correction

Accept [redacted] - 08/06/2025)

On 7/19/25 HWD updated assessment for resident #4 to include agitation. Within 30 Calendar days of the receipt of the plan of correction, the administrator, HWD, AHWD or licensed clinical staff will review assessments of all current residents to ensure an accurate assessment is present in each record including all diagnosis, end date 9/5/2025.

Audits will be completed annually or significant change of condition. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented [redacted] - 08/18/2025)