

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

October 2, 2026

[REDACTED], CHIEF INVESTMENT OFFICER
KJ BETHEL PARK LLC
[REDACTED]
[REDACTED]

RE: DISCOVERY COMMONS 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 08/25/2026, 08/26/2026 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: DISCOVERY COMMONS BETHEL PARK

License #: 44948

License Expiration: 08/21/2027

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: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1

Date: 12/13/2018

Issued By: Municipality of Bethel Park

Type: I-1

Date: 11/29/2018

Issued By: Municipality of Bethel Park

Type: I-1

Date: 09/25/2018

Issued By: Municipality of Bethel Park

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 154

Waking Staff: 116

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 08/26/2026

Inspection Dates and Department Representative

08/25/2026 - On-Site: [REDACTED]

08/26/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 147

Residents Served: 103

Secured Dementia Care Unit

In Home: Yes

Area:

Capacity: 40

Residents Served: 28

1st & 2nd Fl Shine
Neighborhood

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 102

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 51

Have Physical Disability: 0

Inspections / Reviews

08/25/2026 - Full

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/20/2026

09/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/22/2026

09/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 10/02/2026

10/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 8/25/26 at approximately 11:40 a.m., the bedside light in the room used by resident [REDACTED] in room #233 was approx 5 feet from the bed and could not be reached from bedside.

On 8/25/26 at 12:15 p.m., there was no operable lamp or other source of lighting that can be turned on at bedside on the right side of the double/queen sized bed when facing the bed [REDACTED] in room #152.

Plan of Correction

Accept ([REDACTED]) - 09/21/2026)

1. On 8/25/26 Maintenance Director installed a touch light on the wall beside the bed for Resident [REDACTED] in Room #233.
2. On 8/26/26, Executive Director installed a touch light on the wall on the right side of the double/queen bed of room #152. See attached.
3. Beginning on 9/17/2026 a designated staff person will monitor the homes lightbulbs weekly to ensure operable and within reach of bed.
4. All care and maintenance and housekeeping staff will be educated on 9/23/2026 on regulation 101j by Director of Facility Maintenance. Documentation of education will be kept in accordance with regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 09/26/2026

Implemented ([REDACTED]) - 10/02/2026)

103c - Food Protected

3. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 8/25/26, at 12:38 p.m., there was an uncovered plate of scrambled eggs, cut up pancake, bacon and a pastry setting in the convection oven in the first floor secure dementia care unit kitchen.

Plan of Correction

Accept ([REDACTED]) - 09/21/2026)

1. On 8/25/26, Maintenance Director disposed of the plate of food immediately.
 2. On 9/11/26 Executive Director attached a label to both microwaves/convection ovens in MC, to not store food in the appliances. See attached.
 2. On 9/17/2026, a designated staff person will monitor the microwaves/convection ovens daily on memory care.
 3. All care, maintenance and housekeeping staff will be educated on 9/23/2026 on regulation 103c by [REDACTED] Director of Facility Maintenance.
- Documentation of education will be kept in accordance with regulation 2600.65i

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented ([REDACTED]) - 10/02/2026)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 8/25/26 at 11:55 a.m., the menus posted near the kitchen in the second-floor secure dementia care unit indicate "Week 3" and "Week 4." The dates to which each menu applies are listed at the bottom of the menu indicating that "Week 3" covers August 9-15, 2026 and "Week 4" covers August 16-22, 2026.

On 8/25/26 at approximately 12:30 p.m., the menus posted at the entrance to the main dining room on the first floor indicate "Week 2" and "Week 3." The dates to which each menu applies are listed at the bottom of the menu indicating that "Week 2" covers August 2-8, 2026 and "Week 3" covers August 9-15, 2026.

The current and next week's menus were not posted.

Plan of Correction

Accept () - 09/21/2026)

1. On 8/25/26 the Memory Care Director updated the memory care second floor menus from week 3 and week 4, to the appropriate weeks, of week 1 and 2.
2. On 8/25/26 the Executive Director updated the main dining room on the first floor menus from week 3 and week 4, to the appropriate weeks, of week 1 and 2. See attached.
3. Beginning 9/17/2026 a designated staff person will monitor the menus every Sunday, to ensure the appropriate weeks are posted
4. All Department Heads and Manager on Duty will be educated on regulation 162c by the Executive Director by 9/22/2026.

Documentation of education will be kept in accordance with regulation 2600.65i

Licensee's Proposed Overall Completion Date: 09/23/2026

Implemented () - 10/02/2026)

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:

Description of Violation

*Resident #3 is ordered Novolog Flexpen 100u/ml inj – Inj sq SSL Pre-meals BG 70-150=2units 151-200=3 units; 201-250=4 units; 251-300=6 units; 301-350=8units; >351= 10 units. However, the pharmacy label for this medication that was in use indicated Novolog Flexpen syringe – Inject 1-10U subcutaneously three times daily maximum daily dose 36 units *Rotate sites expires 28 days after opening or out of the refrigerator prime pen with 2 units before*

Resident #4 is ordered Haldol 1mg/ml – 5ml (5mg) by mouth every 6 hours as needed. However, on 8/26/26 at 11:26 a.m., there was a box of this medication with pharmacy label indicating Haloperidol 2mg/ml Con 120ml – Administer 5ml (5mg) by mouth every 6 hours as needed.

Plan of Correction

Accept () - 09/21/2026)

1. On 8/26/26 the Health and Wellness Director corrected the label for Novolog Flexpen. See Attached

184a Resident's Meds Labeled (continued)

2. On 8/26/26 the the box of Haloperidol 2mg/ml Con 120ml Administer 5ml(5mg) by mouth every 6 hours as needed was removed from the med cart and discarded properly by the Health and Wellness Director.
3. Beginning 9/17/2026 the Health and Wellness Director, AHWD or any license clinical staff will audit the medication carts daily to ensure the original container shall be labeled with the correct pharmacy label.
4. All clinical staff, to include AHWD, Med Techs and LPN's will be educated on Regulation 184a by Health and Wellness Director by 10/1/2026.

Documentation of education will be kept in accordance with regulation 2600.65i

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/02/2026)

225a - Assessment 15 Days**6. 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

The assessment completed () for resident #1 includes an update regarding the use of a bed enabler for stability and repositioning. However, the assessment indicates that the staff will "ensure halo safety ring is installed and maintained according to manufacturer's instructions and is clean and in good repair." However, on 8/25/26, at 11:36 a.m., the bedside mobility device in use at the resident's bed was not a Halo Safety Ring, was not secured to the bed and was loosely covered.

Plan of Correction

Accept () - 09/21/2026)

1. The Health And Wellness Director added an addendum to resident #1 Assessment to reflect the new hospital bed and the non use of the enabler.
2. Within 30 Calendar days of the receipt of the POC, 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.
3. All clinical staff, to include AHWD and LPN's will be educated on Regulation 225a by Health and Wellness Director by 10/1/2026.

Documentation of education will be kept in accordance with regulation 2600.65i

Documentation of Monitoring/Audits will be kept.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/02/2026)

227g -Support Plan Signatures**7. Requirements**

2600.

- 227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

On 8/25/26, the support plan completed () for resident #5 did not include the assessor's signature or the date it was signed by the resident.

227g -Support Plan Signatures (continued)

Plan of Correction**Accepted () - 09/21/2026**

1. On 8/25/2026, the assessor signed and dated the support plan. See attached.
2. Within 30 Calendar days of the receipt of the POC, the Administrator, HWD, AHWD or licensed clinical staff will review assessments of all current residents to ensure an assessor's signature and date are present in each record.
3. All clinical staff, to include AHWD and LPN's will be educated on Regulation 227g by Health and Wellness Director by 10/1/2026.

Documentation of education will be kept in accordance with regulation 2600.65i

Documentation of monitoring/audits will be kept

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/02/2026