

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHERWOOD RETIREMENT AND PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate SHERWOOD RETIREMENT & PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 3995 ROUTE 414, CANTON, PA 17724

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 27
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 September 27, 2010 until September 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 203550

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

SEP 29 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Karen E. Sherwood, Co-Owner
Sherwood Retirement and Personal Care Home, Inc.
Sherwood Retirement & Personal Care Home
3995 Route 414
Canton, Pennsylvania 17724

Dear Ms. Sherwood:

As a result of the Department of Public Welfare's licensing inspection on June 23, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Sherwood Retirement and Personal Care Home, 3995 Route 414, Canton, Pennsylvania 17724		CURRENT LICENSE NUMBER 203550	
INSPECTION DATE(S) (Include all dates of the inspection) June 23, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) KAREN E. SHERWOOD CO-OWNER / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Karen E. Sherwood</i>		DATE 7-30-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>
			DATE 9-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The Weil-McLain Ultra boiler located in the home's basement did not have a "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. The boiler was installed in the home on 5/7/10.	7/30/10	<i>[Redacted]</i> Certified State Inspector, has advised that there is not a definite time frame for L&I to issue a certificate. PCN will fax a copy of the certificate for the boiler installed 5-7-10 as soon as it is received.	9-20-10 JH.

RECEIVED
AUG 03 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

*Certificate received for the Weil-McLain Ultra boiler installed 5-7-10.
Copy enclosed.*

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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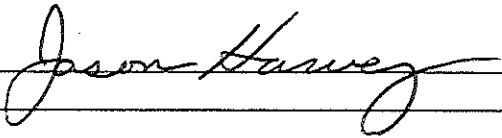
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28e In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 – 10226.107). The home shall keep documentation of the refund in the resident's record.	The estate of Resident # 1, who passed away in the home on 4/17/10, did not receive a refund within 30 days, in accordance with the Elder Care Payment Restitution Act. No personal belongings were removed from the room, as the resident's [REDACTED] continues to reside in the bedroom they shared.	7-1-10 8/10	Resident #1 refund was applied to [REDACTED] 7-10 next. (28f1) Daughter/POA intends to remove Resident #1 personal belongings (clothing, etc) during her August visit. Documentation will be signed at this time. Furnishings will remain for the continued use of the [REDACTED].	9-20-10 JH

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
28f-1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	The estate of Resident # 1, who assed away in the home on 4/17/10, has not been issued a final itemized written account of the resident's funds.	7-1-10	<i>Daughter/POA of Resident #1 requested her [redacted] refund be applied to the 7-10 rest for her [redacted]. Daughter/POA will sign this documentation during her August visit. Documentation will be placed in Resident #1 record. In the future administrator will issue a final account of resident funds within 30 days.</i>	9-20-10 JH

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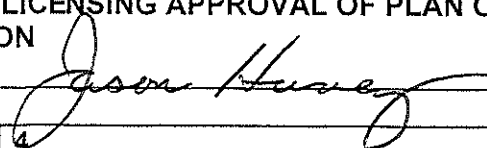
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51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	The home did not have copies of the PA criminal history background checks for the employees of the Guthrie Home Health d/b/a Guthrie Hospice, who provided hospice services to Resident # 2 in 2010 and who currently provide home health services to Resident # 3.	7-29-10	PCN requested faxed copies of the background checks for Guthrie Home Health/ Hospice nurses. In the future PCN will request a copy of the background check for anyone providing services to residents. Copies enclosed.	9-20-10 JH

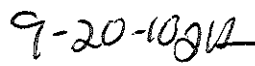
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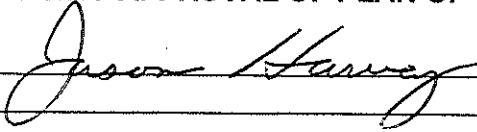
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54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	Staff person A, hired 5/6/09, did not meet any of the qualifications under sub-section (2) of this regulation.	6-28-10	<i>A copy of the high school diploma for staff person A has been placed in the employee's file. Copy enclosed.</i>	9-20-10 <i>JA</i>

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The refrigerator located in the kitchen, and closest to the dining room, had an internal temperature of 48°F.	6-24-10	The temperature settings for this refrigerator was adjusted and another thermometer was placed inside. The thermometer is checked frequently and reads 34-36°.	9-20-10 

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103i Outdated or spoiled food or dented cans may not be used.	The following repackaged food items were found unlabeled in the stainless steel freezer located in the home's basement: •(3) individually wrapped chicken breasts •(10) pieces of breaded fish filets in a blue bag	6-23-10	The repackaged & unlabeled food items listed were removed & discarded. In the future all repackaged food items will be labeled & dated.	9-20-10

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132a An unannounced fire drill shall be held at least once a month.	<p>Staff person B, the co-administrator, stated that the staff person who conducted the "sleeping hours" fire drills on 6/24/09 and 12/29/09 was aware of the fire drills prior to them being conducted.</p> <p>This staff person worked the night shift alone on these dates. The staff was the one who pulled the fire alarms for these fire drills and also, participated in the evacuation of the residents from the home to the designated outside meeting location.</p> <p>The fire drills were conducted at 11:40 pm and 11:05 pm, respectively, on the above listed dates.</p>	6-28-10	<p><i>The administrator misunderstood the inspectors during 4-29-09 inspection regarding a "sleeping hours" fire drill.</i></p> <p><i>On 6-28-10 while the 3rd shift staff person was in the basement the administrator pulled the alarm for a "sleeping hours" drill. Everyone responded appropriately - there were no problems.</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>9-20-10</i></p> <p>Date Initials (DPW)</p>

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132d 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.	The home did not have a letter from a fire safety expert within the past year specifying an evacuation time based on the technical construction and all of the fire safety features of the structure. A review of the home's fire drill record indicated evacuation time for the below listed drill as noted: <table border="1"> <thead> <tr> <th>Date/Time of Drill</th> <th>Evacuation Time</th> </tr> </thead> <tbody> <tr> <td>1/16/10 10:53am</td> <td>3 min.46 sec.</td> </tr> <tr> <td>2/28/10 2:50pm</td> <td>3 min.18 sec.</td> </tr> <tr> <td>3/31/10 1:42pm</td> <td>3 min. 0 sec.</td> </tr> <tr> <td>4/19/10 6:30pm</td> <td>2 min.45 sec.</td> </tr> <tr> <td>5/20/10 10:16am</td> <td>3 min.23 sec.</td> </tr> </tbody> </table>	Date/Time of Drill	Evacuation Time	1/16/10 10:53am	3 min.46 sec.	2/28/10 2:50pm	3 min.18 sec.	3/31/10 1:42pm	3 min. 0 sec.	4/19/10 6:30pm	2 min.45 sec.	5/20/10 10:16am	3 min.23 sec.	7-29-10	The PCN has secured a letter from the Carbox Fire Co. specifying an evacuation time based on the technical construction & all the fire safety features of the structure. Administrator will secure a letter annually from the Carbox Fire Co. Copy enclosed.	9-20-10 <i>JH</i>
Date/Time of Drill	Evacuation Time															
1/16/10 10:53am	3 min.46 sec.															
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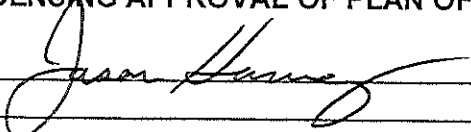
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<p>shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.</p> <p>227e The resident's assessment shall document the ability of the resident to self-administer his/her medications or the need for medication reminders or medication administration.</p>	<p>11/10/09 indicated that the resident was mobile. Until the discrepancy is resolved, the more stringent assessment applies.</p>			<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>9-20-10</i></p> <hr style="width: 100%;"/> <p>Date Initials (DPW)</p>

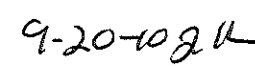
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141b-1 A resident shall have a medical evaluation at least annually.	Resident # 4's annual medical evaluation, dated 8/13/09, was not completed within 12 months of the previous medical evaluation on file, dated 7/15/08.	8-13-10	Administrator was trying to secure an appointment as close to the due date as possible. In the future the administrator will secure an appointment within 12 months of the previous evaluation, even if the appointment must be scheduled 2-3 months prior to due date.	Steps have been taken to correct violation; full compliance is not verifiable 9-20-10 Date Initials (DPW)

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit located in the home's van did not contain a breathing shield.	6-23-10	The administrator provided a breathing shield for the van's first aid kit during inspection. In the future the administrator will review the van's first aid kit annually.	9-20-10 

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181a A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.	The home did not have the following PRN medications on-hand for the following residents: <u>Resident # 6:</u> Digestive Advantage tabs. To be taken as directed prn <u>Resident # 10:</u> Antipryx/ Benzocaine; ear drops apply 4 drops to each ear prn	7-26-10	<i>In the future if a PRN medication is listed in the MAR the administrator will ensure that the medication is placed in the medication cabinet and is available to the resident.</i>	Steps have been taken to correct violation; full compliance is not verifiable	9-20-10	DPW

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NAME AND ADDRESS OF PERSONAL CARE HOME Sherwood Retirement and Personal Care Home, 3995 Route 414, Canton, Pennsylvania 17724		CURRENT LICENSE NUMBER 203550	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Karen E Sherwood</i>	DATE 7-30-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Hussey</i>	DATE 9-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	A bottle of Multi Vitamin tablets and a bottle of Tylenol Arthritis 650 mg tab for Resident # 6 were not identified with the resident's name.	6-23-10	<i>Multi-Vitamins & Tylenol Arthritis for Resident #6 were identified with resident's initials during inspection. In the future the administrator or med certified staff will assure 9-20-10 that OTC medications are identified.</i>	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Sherwood Retirement and Personal Care Home, 3995 Route 414, Canton, Pennsylvania 17724		CURRENT LICENSE NUMBER 203550	
INSPECTION DATE(S) (Include all dates of the inspection) June 23, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Ann O'Haire	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Karen E. Sherwood</i>	DATE 7-30-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	The June 2010 medication administration records for the following residents did not include a diagnosis or purpose for the medications noted below: <u>Resident # 7:</u> Acetaminophen 500 mg tab, take 1 tab prn <u>Resident # 8:</u> Alendronate Sodium 10 mg tab, take 1 tab by mouth at 6:00am <u>Resident # 9:</u> Potassium CL, 10 meq. Tab comparable to K-Dur 2 tabs by mouth at 8:00 am; Lisinopril 20 mg tab, 1 tab by mouth at 8:00 am; Lorazepam 1 mg tab. by mouth daily 1/2 tab at breakfast, 1/2 tab at lunch and 1/2 tab at supper	6-24-10	<i>Diagnosis and purpose of medications for Residents # 7, # 8 & # 9 are now included on the MAR. In the future administration will ensure that all MAR's include the diagnosis and the purpose of medications.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> 9-20-10 Date Initials (DPW)

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