





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

ADULT RESIDENTIAL LICENSING

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

NOV 17 2011

Ms. Karen E. Sherwood, 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 October 5, 2011 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 black ink, appearing to be 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD RETIREMENT & PERSONAL CARE HOME, 3995 ROUTE 414 CANTON, PA 17724		CURRENT LICENSE NUMBER 203550	
INSPECTION DATES (Include all dates of the inspection) 10/05/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Jerry Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>KAREN E. SHERWOOD, - ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen E. Sherwood</i>	DATE <i>11-7-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Graziano</i>	DATE <i>11-7-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Department Representatives observed two bottles of Listerine Mouthwash with a manufacturer's label stating, "If more than used for rinsing is swallowed contact a Poison Control Center immediately." The bottles were observed unlocked and sitting on the kitchen sinks located inside resident room number 4 and resident room number 6. Residents of the home have not been assessed to safely use or avoid poisonous materials.	<i>Completed 10/7/11, 10/8/11 Karen E. Sherwood</i>	<i>The Administrator has individually assessed each current resident for the proper use of all personal hygiene products which may include a warning for the Poison Control Center. In the future an assessment for each resident will be included for both the initial and annual assessments.</i>	<i>CA 11-7-11</i>

**RECEIVED**

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SCRANTON FIELD OFFICE  
 Adult Residential Licensing

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home's emergency preparedness plan does not include procedures such as a fire watch, that will be implemented in the event the fire alarm system is inoperable.	<i>Completed 10-10-11 Karen E. Sherwood</i>	<i>In the event the in-home fire alarm system is inoperable PCN staff has been instructed to initiate a "fire watch" to assure the safety of all residents until the system is repaired and fully operable. A copy of the new Sherwood PCN "Fire Watch Form" is attached. Staff will conduct a resident check every 30 minutes then document the time on the Fire Watch form.</i>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident number 1 and number 2 were admitted to hospice on 1/28/2011 and 7/24/2011 respectively. The home did not have an updated medical evaluation completed for either resident. Resident number 3 was admitted to Home Health on 3/2/11. The home did not have an updated medical evaluation completed.	<i>Date to be completed by physician on 11-15-11</i>	<i>The Administrator understands that an updated med eval must be completed when a resident is admitted to Hospice. In the future Sherwood PCN will assure that a new evaluation will be completed whenever a resident is admitted to Hospice services.  Resident #3: The resident's physician has assured PCN that she will complete an updated med eval during her scheduled in-home visit for Resident #3 on 11/15/11. In the future a new med eval will be completed whenever the medical condition of a resident changes prior to the annual medical evaluation.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>11/15/11</i> Initials (DPWN)

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

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187a 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	Resident #4 is prescribed Travatan 1 drop in each eye at bedtime. The Medication Administration Record for resident #4 was not initialed to confirm the medication was administered as prescribed on the following dates: 9/8/11, 9/9/11, 9/15/11, 9/18/11, 9/22/11.	Completed 10-28-11 <i>Karen E. Sherwood</i>	The Administrator reviewed the 9/11 MAR for Travatan for Resident #4. The Administrator held a discussion and review for the correct procedures for the medication record with PCN med certified staff on 10-28-11. Staff understand the importance of the initial which confirms the medication was administered as prescribed. PCN med certified staff assure they will be conscientious in regard to the correct procedures for the medication record.	<i>Adt</i> 11-7-11

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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.				

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225c 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;	Resident #1 and resident #2 were placed on Hospice Services on 1/28/11 and 7/24/11 respectively. The home did not update the resident's assessments to reflect these significant changes. Resident #3 was admitted to home health on 3/2/11. The home did not update the resident's assessment to address this significant change.	Resident # 3 assessment form completed 10-29-11 Karen E Sherwood	The Administrator noted the changes for Residents #1, #2 and #3 on the assessments, but did not update the respective files with new assessment forms. In the future a new assessment form will be completed if the resident significantly changes prior to the annual assessment. The Administrator completed a new assessment form for Resident # 3 on 10/29/11.	Steps have been taken to correct violation full compliance is not verifiable Date: 11-7-11 Initials: (DPK)