



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
FAX: (570) 963-3018

Sent via email to: [REDACTED]  
MAILING DATE: July 24, 2012

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 June 13, 2012 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.

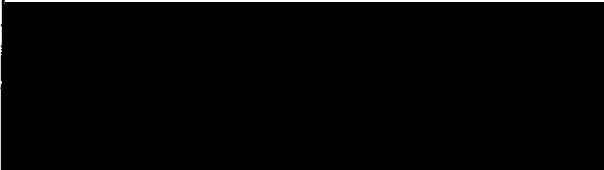
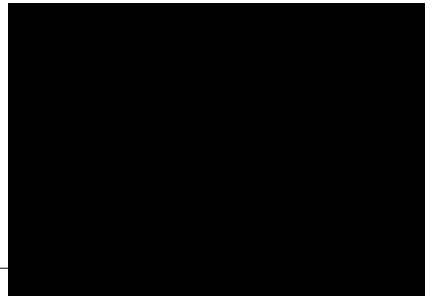
Sincerely,

A handwritten signature in cursive script that reads "Anne Graziano".

Regional Licensing Administrator

Enclosure  
Violation Report

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

<b>PCH Name:</b> SHERWOOD RETIREMENT & PERSONAL CARE HOME		<b>License Number:</b> 203550
<b>Address:</b> 3995 ROUTE 414, CANTON, PA 17724		<b>County:</b> Bedford GRADFORD
<b>Administrator:</b> Karen Sherwood		<b>Region:</b> NORTH
<b>Legal Entity Name:</b> SHERWOOD RETIREMENT AND PERSONAL CARE HOME INC		
<b>Legal Entity Address:</b> 3995 ROUTE 414, CANTON, PA 17724		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 02/24/2003 L&I	C-2 LP 12/18/2002 L&I	C-2 LP 04/12/1999 L&I
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 16	<b>Waking Staff:</b> 12
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/13/2012: Novak, Ryan; Hummel, Jesse		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 27 <b>Number of Residents Served:</b> 16 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> 	<b>Number of Residents who:</b> 	

*Karen E. Sherwood 7-12-12*

Violation Report: 20355 - 06/13/2012 - Novak, Ryan

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2. DESCRIPTION OF VIOLATION

On 6/6/12 Resident #1 was sent to the emergency room for neck pain. Resident #1 was admitted to the hospital with a diagnosis of a neck fracture. The home failed to submit a reportable incident to the Department within 24 hours of the serious bodily injury to Resident #1.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*The Administrator now understands that a Reportable Incident Report must be completed whenever there is any situation that requires the services of an emergency management agency, fire department or law enforcement. The written report must be completed for the Department's Licensing office within 24 hours of any incident.*

Repeat Violation: No      Date(s) of Previous Violation(s):


Signature of Legal Entity Representative  
(Required on EVERY Page) *Karen E. Sherwood*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *KAREN E. SHERWOOD, ADMINISTRATOR*      Date *7-12-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7-23-12*  
(Date)

Verification of Legal Entity Representative Signature *7-23-12*  
(Date)

The above plan of correction was approved by   
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Karen E Sherwood 7-16-12

Violation Report: 20355 - 06/13/2012 - Novak, Ryan

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2. DESCRIPTION OF VIOLATION

Resident #1 fell in the home on 6/2/12. The fall was not witnessed by anyone in the home. Resident #1 was found near their dresser with a bruise noted on the forehead and nose. The home did not send Resident #1 for an evaluation until 6/8/12 when Resident #1 complained of neck pain. Resident #1's primary diagnosis is Dementia. The home failed to send Resident #1 out for evaluation after the fall on 6/2/12. A neck scan indicated Resident #1 sustained a broken neck.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Due to the above incident of 6/2/12 a solid plan of action has now been developed to safeguard the health and safety of residents of our PCN.

Any incident which results in an injury to a resident will require that the resident be sent for evaluation regardless of the assumed degree of injury. A 911 call will be placed at the time of the incident/injury and the resident will be transported to Troop Community Hospital ER for evaluation. The resident's designated person will be notified immediately.

The Administrator will complete the Reportable Incident Report within 24 hours of the incident.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) Karen E. Sherwood

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) KAREN E. SHERWOOD, ADMINISTRATOR Date 7-16-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-23-12 (Date) Verification of Legal Entity Representative Signature 7-23-12 (Date)

- The above plan of correction was approved by  (Initials)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented