

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 November 15, 2012 until November 15, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 203550

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 27 2012

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

Dear Ms. Lowry:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 5, 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 Human Services 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 read "Ronald Melusky". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 20355 - 09/05/2012 - Novak, Ryan
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

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).

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed Metoprolol tartrate on 9/1/12 at 8pm, 9/2-9/4/12 at 8am and 8pm.
 Resident #1 did not receive the prescribed Spiriva inhaler on 9/1-9/4/12 at 8am.
 The home did not submit an incident report to the Department for the medication errors.

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 home submitted (by fax) an incident report for the above medication errors on 9/5/12, the date of inspection, as suggested by Department representative, Ryan Novak.

9/6/12 the home again contacted Dr. [REDACTED] office regarding the mail order prescriptions for Metoprolol and Spiriva.

9/7/12 the home received the attached fax from Dr. [REDACTED] office stating that the orders for these medications had been clarified and re-issued with a 90 day supply.

9/13/12 the medication was received from Express Scripts via mail. [REDACTED] is receiving [REDACTED] medication as prescribed by Dr. [REDACTED].

*Metoprolol and Spiriva were originally ordered through Medco, but was transferred to Express Scripts when insurance changed. For whatever reason there was a mix-up with the order. The home immediately contacted the son/POA and Dr. [REDACTED] office.

The home did not realize this situation was regarded as a medication error. In the future the home will immediately submit an incident report to the Department whenever a medication is not available.

The administrator will monitor for ongoing compliance -

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/06/2012

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 *9-19-12*

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

The above plan of correction is approved as of

11/8/12
 (Date)

Plan of correction implementation status as of

11/8/12
 (Date)

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

The above plan of correction was approved by

M
 (Initials)

Violation Report: 20355 - 09/05/2012 - Novak, Ryan
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The resident contract for Resident #2 (Date of Admission 5/6/12) was not signed by the payer.

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 resident contract for Resident #2 has now been signed by the daughter who is both the POA and the payer. In the future all resident contracts will be signed by the administrator, the resident and the resident's payer.

Copy attached.

The administrator will monitor all contracts for ongoing compliance.
mm
11/8/12

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 *9-18-12*

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

The above plan of correction is approved as of 11/8/12
 (Date)

Plan of correction implementation status as of 11/8/12
 (Date)

The above plan of correction was approved by *mm*
 (Initials)

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

Violation Report: 20355 - 09/05/2012 - Novak, Ryan
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 8/31/12 from 12pm-6pm and 10pm-12am no one working in the home was certified in First aid and CPR.
 On 9/1/12 from 12am-7am and 7pm-12 am no one working in the home was certified in First aid and CPR.
 The homes census during this time was 16 residents.

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.

CPR/First aid classes for PCH staff should have been scheduled prior to the 5/12 recommended renewal date. However, classes had been previously scheduled for 9/5/12 and 9/12/12. The CPR/First aid classes were completed on these dates and PCH staff members are now re-certified

Copies attached.

The administrator will assure that at least one staff person (27 capacity) who is trained in first aid + CPR shall be present in the home @ all times.

The administrator will monitor and assure ongoing compliance.

[Signature]
 11/8/12

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) <i>Karen E. Sherwood, Administrator</i>	Date <i>9-15-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/8/12
 (Date)

Plan of correction implementation status as of 11/8/12
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 20355 - 09/05/2012 - Novak, Ryan
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 A fire safety inspection and a fire drill was not conducted by a fire safety expert annually. The last fire safety inspection and fire drill by a fire expert, was conducted on 4/11/2011.

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 home's annual fire safety inspection and fire drill should have been completed prior to 4/11/12. However, both had previously been scheduled for 9/5/12 and completed on this date.

Copy attached.

The home assures that the fire safety inspection and the fire drill will be scheduled and completed annually. The next fire safety inspection and fire drill will be completed prior to 9/5/13.

The administrator will be responsible to monitor for full compliance.
KEM
11/8/12

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 *9-15-12*

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The above plan of correction is approved as of <u>11/8/12</u> (Date)	Plan of correction implementation status as of <u>11/8/12</u> (Date)
The above plan of correction was approved by <u><i>KEM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20355 - 09/05/2012 - Novak, Ryan
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(d) - 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.

2a. DESCRIPTION OF VIOLATION

An updated letter designating a specific time and evacuation location in writing was not completed by a fire safety expert within the last year. The last letter was completed on 4/11/2011.

The following fire drills occurred on:

DATE	TIME	TIME TO EVACUATE
8/31/12	9:43 A.M.	3 MINUTES 47 SECONDS
7/31/12	2:50 P.M.	3 MINUTES 26 SECONDS
6/10/12	10:40 P.M.	4 MINUTES 22 SECONDS
5/08/12	9:22 A.M.	3 MINUTES 40 SECONDS
4/14/12	3:20 P.M.	4 MINUTES 15 SECONDS
3/23/12	1:05 P.M.	3 MINUTES 55 SECONDS

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 updated form designating a specific time and the evacuation location was not completed as required prior to the annual date of 4/11/12.

On 9/5/12 the Canton Fire Department completed this form at the time of the fire safety inspection and the fire drill.

Copy attached.

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 *9-15-12*

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The above plan of correction is approved as of 11/8/12
 (Date)

Plan of correction implementation status as of 11/8/12
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 20355 - 09/05/2012 - Novak, Ryan
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Advair 500/50 diskus did not have a date the medication was opened. The manufacturer's instructions read diskus is good for 1 month after opening foil pouch.

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 home neglected to date Resident #1 Advair diskus. The Advair diskus is now dated correctly and in the future all such medication will be dated according to manufacturer's instructions.

*The administrator will be responsible for ongoing compliance.
 The administrator will assure that all medications are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.*

M
11/8/12

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 *9-16-12*

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

The above plan of correction is approved as of <u>11/8/12</u> (Date)	Plan of correction implementation status as of <u>11/8/12</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20355 - 09/05/2012 - Novak, Ryan
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

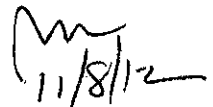
The Records for Residents #2, (Date of Admission 5/6/12), and #3, (Date of Admission 4/26/12) did not include the following components:
 (2) Color of hair, religious affiliation, if any identifying marks.
 (3) A photograph of the resident that is no more than 2 years old.
 (4) Language or means of communication spoken or used by the resident.

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 home has now completed the identification page for Resident #1 and #2. In the future the home will complete the photo identification page at the time of admission. The information will include hair color, religious affiliation, identifying marks, photo and language.

Copies attached.

The administrator will monitor for ongoing compliance.

 11/8/12

02/13/2012

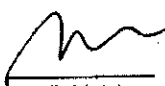
Repeat Violation: No. Date(s) of Previous Violation(s):

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 *9-18-12*

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The above plan of correction was approved by  (Initials)

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