



NOV 21 2013

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

RE: Sherwood Retirement & Personal Care Home
License #: 203550

Dear Ms. Sherwood:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 13, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Your regular license for the period November 15, 2013 to November 15, 2014 was issued on August 5, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Acting Director *SH*

Enclosure
License Inspection Summary

Violation Report: 20355 - 09/13/2013 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.51 - 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 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff Person A, who is the administrator, date of hire 3-1999 has not had a criminal background clearance done.

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.

I have now completed my criminal background check and copy is enclosed.

In 1999 as owner/administrata I didn't realize I would need a background check. As administrata I am the only one who does background checks for pch employees. I have done a check for every employee who has been hired. The check is done after the interview and at the time of hire. The check is completed before the employee's first day of work.

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 *10-28-13*

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

The above plan of correction is approved as of 11/13/13
 (Date)

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

Plan of correction implementation status as of 11/13/13
 (Date)

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

Violation Report: 20355 - 09/13/2013 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.82(c) - 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.

2a. DESCRIPTION OF VIOLATION

All of the home's residents have not been assessed to safely use poisonous materials.

The following poisonous materials were stored under the kitchen sink and are accessible to residents:

(2) spray bottles of "Pine Cleaner" disinfectant with a label that stated, "If in eyes: in case of contact, immediately flush with plenty of water. If irritation develops, seek medical attention."

(2) spray bottles of "OdoBan" with a label that stated, "If on skin or clothing: take off contaminated clothing, rinse skin immediately with plenty of water for 15-20 minutes. Call Poison Control Center or doctor for on-going treatment."

"Comet" brand bathroom cleaner with a label that stated, "If swallowed, call Poison Control or a doctor immediately for treatment advise. Have person sip a glass of water if able to swallow."

"Easy-off" brand oven cleaner with a label that stated, "If in eyes: Immediately rinse with water. Remove contact lenses and continuing rinsing eyes for at least 15 minutes. If irritation persists, get medical attention."

In addition, the home stores a majority of its poisonous materials in the basement, which is accessible through the kitchen. It was stated that the door to the basement is locked when a staff person is not present in the kitchen. This area is also accessible to 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.

After inspection a lock w/key was purchased at Lowe's and installed on the cabinet doors. The cabinet and the basement door is locked when a staff person is not present in the kitchen.

PCN staff now locks sink cabinet doors after every use. Staff has been educated regarding the importance of the locks. The maintenance staff frequently checks cabinets and door to assure the use of the locks. From now on the senior staff member of each shift will carry the appropriate keys on a arm band. PCN staff will need to advise senior staff when the keys are needed.

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 *10-28-13*

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The above plan of correction is approved as of 11/3/13 (Date)

Plan of correction implementation status as of 11/3/13 (Date)

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

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

Violation Report: 20355 - 09/13/2013 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 Two banana cream pies stored in the "Frigidaire" brand refrigerator located in the home's kitchen were not labeled or dated.
 A Ziploc bag containing blueberry pancakes was stored in the freezer section of the "Jen-Air" brand refrigerator located in the home's basement. The pancakes were not labeled or dated.

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 banana cream pies made by staff on 3rd shift and stored in the kitchen refrigerator were intended for lunch dessert 9-13-13. Staff, however, neglected to label and date the pies. The blueberry pancakes stored in the basement freezer were not labeled or dated and were placed in the dumpster. In the future staff will label and date all food items intended to be stored in the home's refrigerators or freezers.

Staff check each other to make sure food items are labeled/dated when stored in the fridge or freezers. Administrator checks daily.

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: 10-28-13

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Violation Report: 20355 - 09/13/2013 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's emergency preparedness plan does not state the staff duties and responsibilities during various emergency situations such as fire, flood, tornado, terrorist attack, hostage situation, vandalism, etc.

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.

See Attached POC.

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 *10-28-13*

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Sherwood PCH
Regulation 2600.107b

In the event of a fire emergency staff will call 911, report the emergency and evacuate all residents to the designed meeting place at the North patio of the PCH.

In the event of a flood emergency staff will call 911 or the Canton Emergency Preparedness Coordinator at 570-506-0105. Staff will follow all instructions give by the EPC.

In the event of a tornado staff will prepare for a possible evacuation and be alert to all radio weather updates. Our PCH has been advised by the Canton Emergency Preparedness Coordinator to secure residents in their shower stalls. All shower stalls are one piece with a ceiling and seat.

In the event of a bomb threat, hostage event or terror event staff will call 911 or the Canton Emergency Preparedness Coordinator at 570-506-0105 to advise of the current situation. Staff will follow all instructions given by the EPC.

In the event an emergency evacuation is imminent residents would be relocated to an emergency shelter coordinated by the Canton Emergency Preparedness Coordinator and the local Red Cross. Transportation will be provided by the administrator and staff in the home's vehicles and Woodward Bus Service, Canton.

Staff responsibilities are as follows:

- *Evacuate all residents from the home to the home's designated meeting place
- *Confirm a resident count
- *Staff will remain with the residents during evacuation, transportation and at the designated safe house
- *Reassure, comfort and calm residents
- *Ensure that resident needs are met as thoroughly and safely as the situation permits
- *Follow all instructions of the Emergency Preparedness Coordinator

The emergency information required for each resident will be in the possession of a staff person who will accompany the residents to the designated safe house in the community (a designated church or school). The emergency information will remain in the possession of the staff person to ensure resident confidentiality. The staff person will release the emergency information only when directed to do so by the administrator, administrator designee or the Emergency Preparedness Coordinator.

Anne Hogston
11-11-13

Karen E Sherwood

Karen E. Sherwood, Administrator 10-28-13

In the event of an emergency evacuation med. certified staff will gather all resident medication into a large duffel bag to be taken with residents to the emergency shelter. Med staff will be responsible for keeping medication & administering the medication. This will be reviewed annually with quality management plan.

Violation Report: 20355 - 09/13/2013 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The emergency preparedness plan for the home and the municipality in which the home is located was stored in the administrator's office and was not posted in a public and conspicuous location.

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 Emergency Preparedness Plan was previously kept in the PCN office. It is now located in the PCH lounge on the bookcase and is accessible for public viewing.

The Emergency Preparedness Plan is in a notebook on the bookcase shelf with books from the Bradford County Book mobile. This will be checked by the administrator every 2-8 weeks when the bookmobile visits.

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

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 (Required on EVERY Page) *Karen E. Sherwood*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen E. Sherwood, Administrator* Date *10-28-13*

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The above plan of correction is approved as of 11/18/13
 (Date)

Plan of correction implementation status as of 11/18/13
 (Date)

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

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

Violation Report: 20355 - 09/13/2013 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.143(a) - The home shall have a written emergency medical plan that includes the following:
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
 (2) Emergency transportation to be used.
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION
 The home's emergency medical plan does not indicate the resident can use the hospital of their choosing, if possible, but states, "The resident will be transported to Troy Community Hospital via Western Alliance Emergency Services."

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.

See enclosed POC.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Haren E. Sherwood, Administrator</i>	Date <i>10-28-13</i>
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Sherwood PCH

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Regulation 2600.143(a)

In the event of a medical emergency our PCH advises 911 of the resident's hospital of choice. However, written documentation for 143(a) was not included in the home's "working copy" of the RCG. That has been corrected and is as follows:

In the event of a medical emergency Sherwood PCH staff will place a 911 call advising of the emergency. The resident will be transported to the hospital of choice via Western Alliance Emergency Services. The emergency staffing plan is covered by the number of staff on the shift handling the emergency. Staff will remain with the resident and follow the instructions given by emergency personnel when they arrive on scene.

This plan will be reviewed annually at the time of the Quality Management Plan.

Karen E. Sherwood

Karen E. Sherwood, Administrator

10-28-13

Cherie G. Wagner

11-18-13

Violation Report: 20355 - 09/13/2013 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the home's Dodge Caravan does not contain eye coverings.

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 first aid kit for the PCH van now contains all items specified in 2600.96. Goggles that were not present during inspection have been purchased at Lowe's and the copy of the receipt is enclosed.

The grounds person will check the vans first aid kit monthly. The kit will also be dated when the kit is received.

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>10-28-13</i>
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Violation Report: 20355 - 09/13/2013 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.181(c) - A resident who desires to self-administer medications 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.

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed Premarin cream, 625 mg. one applicatorful three times a week, as needed, and keeps the medication at bedside. Resident #3 self-administers this medication, but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

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.

Resident # 3 has advised the administrator that she prefers not to use a lock box or lock her door each time she leaves her room. The Premarin cream is now kept in the ^{home's} locked medication cabinet located in the PCN Kitchen.

For a resident who would like to self-administer any medication to be kept in their room, the physician must give written documentation of his permission. The medical evaluator must also show that the resident may self-administer. Staff will also report to the administrator if medications are noticed in the resident rooms. This will be done weekly.

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 10-28-13

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Violation Report: 20355 - 09/13/2013 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #4 is prescribed Meclizine 25 mg., take one tab by mouth every 6 hours as needed for dizziness, the medication was not available at the facility.

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.

Resident #4 had not requested Meclizine since her admission in 2012 so it had been removed from the medication cabinet when it expired. The PCN has now received a phone/fax order from the resident's physician to discontinue Meclizine. Copy of Dr. [redacted] phone/fax order is enclosed.

In the future any medication that is listed on the MAR will be assured of being available in the med cabinet. Discontinued meds ~~are~~ will not be listed on the MARs - the pharmacy will be advised when the med. was completed or discontinued. Med cassettes & MAR's will be reviewed weekly by med certified staff.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Haren E. Sherwood, Administrator* Date *10-28-13*

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 (Date)

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

Plan of correction implementation status as of 11/13/13
 (Date)

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