



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 03 2013

Mr. Mark D. Bondi, President/CEO
Pittsburgh Lifetime Care Community
100 Norman Drive
Cranberry Township, Pennsylvania 16066

RE: Sherwood Oaks
100 & 500 Norman Drive
Cranberry Township, Pennsylvania 16066
License #: 457760

Dear Mr. Bondi:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 2, 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 December 8, 2013 to December 8, 2014 was issued on August 29, 2013. Your regular license remains in good standing.

Sincerely,



Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 45776 - 10/02/2013 - Williams, Jason
 PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:40 AM, there was a black binder sitting unattended on the large desk outside of the Oak Grove 1st floor nurse's office. This binder contained current residents' names with their diets and daily ADL schedules.

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 specific information will be maintained in the black binder and located in the secure nurses' office on each floor of Oak Grove Center. This occurred immediately on 10/2/13 with the information in question. The PCHA will monitor via random checks and address any noncompliance immediately with the staff person involved. Repeated staff issues will be addressed through our disciplinary process. Regulation 2600.17 will be reviewed in November 2013 staff meeting with attendance documented.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lori Greer PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lori Greer, PCHA</i>	Date <i>11-8-13</i>
---	---------------------

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

The above plan of correction is approved as of 11-12-13
 (Date)

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

Plan of correction implementation status as of 11-12-13
 (Date)

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

Violation Report: 45776 - 10/02/2013 - Williams, Jason
PCH Name: SHERWOOD OAKS

NOV 8 2013

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

WEST REGION FIELD OFFICE
Home Services Licensing

2a. DESCRIPTION OF VIOLATION
All of the bedrooms in the Oak Grove SDCU, floors 1 and 2, have a tall window next to the door of the bedroom. The only blinds for these windows are mounted on the outside of the window. This creates a privacy issue for residents bathing, dressing or changing in their rooms.

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 blinds on the outside of the windows will not fit on the inside. Due to the size and structure of the windows, the coverings will have to be custom ordered. Quotes will be solicited in November/December 2013 with complete installation on all windows by March 2014.

In the interim, staff will ask the residents if they would like to have the blinds outside the window repositioned.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lori Greer PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Greer, PCHA* Date 11-8-13

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

The above plan of correction is approved as of 11-12-13
(Date)

Plan of correction implementation status as of 11-12-13
(Date)

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

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

RECEIVED

NOV - 8 2013

WEST REGIONAL HEALTH DISTRICT
Human Services Department

Violation Report: 45776 - 10/02/2013 - Williams, Jason
PCH Name: SHERWOOD OAKS

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
At 10:50 AM, the refrigerator to the right in the personal care dining area measured 44 degrees Fahrenheit. In addition, the freezer to the right measured 22 degrees Fahrenheit.

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 thermometers were replaced on November 7, 2013. Our food service staff person assigned to personal care will check daily to assure the thermometers are in place and that the correct temperatures are maintained.

The information will be documented daily on the Temperature Log.

12-20-13 All staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation of training will be kept 11-12-13 JGP
Any malfunctioning thermometers will be replaced immediately.
12-20-13 The administrator will monitor all refrigerator and freezer temperatures weekly to ensure food items are stored at proper temperatures 11-12-13 JGP

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/17/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Lori Greer PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori Greer PCHA* Date 11-8-13

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

The above plan of correction is approved as of <u>11-12-13</u> (Date)	Plan of correction implementation status as of <u>11-12-13</u> (Date)
The above plan of correction was approved by <u>JGP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JGP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

NOV 8 2013

Page 5 of 12

Violation Report: 45776 - 10/02/2013 - Williams, Jason
PCH Name: SHERWOOD OAKS

WESTERN REGIONAL BOARD OF DIRECTORS
FIRECHIEF SERVICES

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

-The home's fire drill record does not record the amount of time to evacuate the residents in minutes and seconds or the evacuation routes used.

-The home's fire drill record does not account for all residents evacuated during fire drills. Only those residents who are in the affected area and must move beyond a fire safe door are counted in the number evacuated.

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.

Our internal form to document each fire drill has been updated to reflect the required information. See attachments. Beginning in October 2013, the PCHA transposes information from the security department fire drill information onto the DPW Fire Drill Record to include all required information including minutes, seconds and evacuation routes. See attachment. All staff will be educated in November 2013 on our updated internal forms and how to calculate the number of evacuated residents. Training attendance will be documented. The PCHA will review compliance after each fire drill.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori Greer PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lori Greer PCHA

Date 11-8-13

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

The above plan of correction is approved as of 11-12-13
(Date)

Plan of correction implementation status as of 11-12-13
(Date)

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

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

NOV 8 2013

Violation Report: 45776 - 10/02/2013 - Williams, Jason
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Staff interviews indicate residents of the second floor secured dementia care unit are not always evacuated during fire drills when their living area is the fire affected zone. Residents of the second floor SDCU are evacuated to the fire safe door by the bridge to the personal care floor but not beyond it into the fire safe area due to the wandering behaviors of some of the 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.

In November 2013, all staff will participate in a review of regulation 2600.132(h), our fire drill procedures and location of fire safe areas. Attendance will be documented.

Residents will consistently be evacuated to a fire safe area during each fire drill. PCHA will observe the drills or review the documentation for each drill and improper evacuations will be repeated within the month.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori Greer PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lori Greer, PCHA

Date 11-8-13

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

The above plan of correction is approved as of 11-12-13
(Date)

Plan of correction implementation status as of 11-12-13
(Date)

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

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

Violation Report: 45776 - 10/02/2013 - Williams, Jason
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

- The only menu posted in the 3rd floor personal care hallway was dated for the week of 8/26/13.
- There was no menu posted on the 1st floor Oak Grove SDCU unit.

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.

Two weeks of menus will consistently be posted on each of our three units. The PCHA will do ~~monthly~~ ^{weekly} checks to ensure they are posted in a conspicuous and public place. Any problems will be addressed immediately.

A work order has been submitted to ensure the missing menus are posted no later than 11/13/13.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/17/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori Greer PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lori Greer PCHA

Date 11-8-13

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

The above plan of correction is approved as of

11-12-13
(Date)

Plan of correction implementation status as of

11-12-13
(Date)

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

The above plan of correction was approved by

JGP
(Initials)

Violation Report: 45776 - 10/02/2013 - Williams, Jason
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE
Human Services Division

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

A bottle of Acetaminophen 325mg was in the home's medication cart for Resident #1. This medication is marked "discard after 3/8/13" and has been discontinued.

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 medication in question was discarded on October 2, 2013. All discontinued medications will be discarded immediately. The nurse will check all medications each week during the routine process of reordering medications to ensure we do not have any discontinued medications in our inventory.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori Greer PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lori Greer PCHA

Date 11-8-13

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

The above plan of correction is approved as of

11-12-13
(Date)

Plan of correction implementation status as of

11-12-13
(Date)

The above plan of correction was approved by

LRP
(Initials)

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

Violation Report: 45776 - 10/02/2013 - Williams, Jason
PCH Name: SHERWOOD OAKS

WEST REGION HEALTH OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The home's medication cart has a box of Lidoderm patches 5% for Resident #2 which has a handwritten label with instructions on it but does not have a pharmacy label on it.

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 medications will be inventoried upon delivery to the facility and any unlabeled medications will be returned to the pharmacy immediately. All prescribed medications will have a pharmacy label attached prior to being placed in the medication carts by our nurses or med techs. The nurse will check all medications each week during the routine process of reordering medications to ensure all have a pharmacy printed label.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori Greer PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lori Greer PCHA

Date 11-8-13

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


The above plan of correction is approved as of


11-12-13
(Date)

Plan of correction implementation status as of

11-12-13
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: 45776 - 10/02/2013 - Williams, Jason
PCH Name: SHERWOOD OAKS

PAID TO SENIOR HEALTH OFFICE
1000 Locust Street
Philadelphia, PA 19106

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

-The medication administration record for Resident #1 does not include the diagnosis or purpose for Nortriptylin 10mg, Nortriptylin 25mg, or Alendronate 70mg.

-Resident #3 is ordered Oyster Calcium tablets 500mg, take 2 tablets (1000mg) by mouth daily. The medication administration record lists this medication as Oyster Calcium tablets 1000mg, take one by mouth once daily.

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.

On our personal care unit, the nurses will complete our monthly MAR Review form to ensure we have accurately transposed all information from the resident order to the MAR. See attachment. The form will be returned to the PCHA by the first of each month and reviewed for thorough completion.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lori Greer PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori Greer PCHA* Date *11-8-13*

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

The above plan of correction is approved as of 11-12-13 (Date)

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

Plan of correction implementation status as of 11-12-13 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45776 - 10/02/2013 - Williams, Jason
 PCH Name: SHERWOOD OAKS

RECEIVED

NOV 8 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION

The current assessment for Resident #1, dated 11/4/12, did not address the medical diagnoses of GERD, Hypothyroidism, PVD or OP/OA from the most recent medical evaluation, dated 9/9/13.

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 assessment in question was updated on November 1, 2013 to reflect all diagnoses listed on the September 9, 2013 DME. See attachments.

Upon completion of each resident DME, the RN/Care Manager will review the documentation. Updated information will be indicated on the care plan within 5 days.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lori Greer PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lori Greer PCHA

Date 11-8-13

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

The above plan of correction is approved as of 11-12-13
 (Date)

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

Plan of correction implementation status as of 11-12-13
 (Date)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45776 - 10/02/2013 - Williams, Jason
PCH Name: SHERWOOD OAKS

NOV 8 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the SDCU on 5/31/13 but did not have a medical evaluation completed until 6/5/13.

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.

Confusion exists due to the coversheet of the DME indicating a time frame of 60 days before admission or 30 days after admission. Nurse training on regulation 2600.231(b) will occur in November 2013 to review specific time frames for completion of the DME, especially for SDCU. Attendance will be documented. The PCHA will review the chart of each new move-in within two weeks of their physical arrival to the unit to ensure all required paperwork is received and completed per DPW requirements.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori Greer PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lori Greer

Date 11-8-13

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

The above plan of correction is approved as of

11-12-13
(Date)

Plan of correction implementation status as of

11-12-13
(Date)

The above plan of correction was approved by

GGP
(Initials)

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