



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**NOV 24 2014**

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 licensing inspection on September 3, 2014, 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.

Your regular license for the period November 15, 2014 to November 15, 2015 was issued on August 6, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director */s/*

Enclosure  
License Inspection Summary



Violation Report: 20355 - 09/03/2014 - Novak, Ryan  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**  
 The home did not have a written policy on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

**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 attached Plan of Correction for 2600.16(b) will be implemented as policy for the home to attain & maintain compliance with this regulation.  
 Adm or designee will ensure that any updates to the interpretation or application of 16(b) are updated in the policy and shared with all staff

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 *09-17-14*

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

The above plan of correction is approved as of 11-14-14  
 (Date)

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

Plan of correction implementation status as of 11-14-14  
 (Date)

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

P2A 8/12

**Sherwood Retirement & Personal Care Home**  
**Date of Inspection: 09/03/2014**  
**Violation: 2600.16(b)**  
**Plan of Correction**

If a reportable incident occurs, the home shall review the circumstances that may have led to the incident. After the cause has been determined the circumstances will be addressed to avoid a re-occurrence of the incident. Staff training will help identify potential problems so that another reportable incident does not occur.

In the event of a reportable incident the reporting requirements are as follows:

\*ALL INCIDENTS: 24 hours – Written report to the Department's Regional Adult Residential Licensing Office

\*CERTAIN INCIDENTS: 24 hours – Telephone report to the Department's Regional Adult Licensing Office:

1. Unexpected death
2. Unexplained absence
3. Fire/structure damage making home uninhabitable
4. Emergency under 2600.107
5. Unscheduled closure of the home
6. Termination of heat in winter
7. Termination of water or electricity

\*ALL INCIDENTS: Immediately following the conclusion of the investigation - Final written report to the Regional Adult Residential Licensing Office

A copy of the incident report will be placed in the home's general file for a period of three years. A copy will also be placed in the file of the resident involved in the incident and will be kept until the resident or residents involved are discharged from the home.

*Karen E Sherwood*  
Karen E. Sherwood, Administrator 09-17-14  
*Anne Groszand*, RLA 11-14-14

Violation Report: 20355 - 09/03/2014 - Novak, Ryan  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a quality management plan.

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 P. of C.*

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>09-17-14</i>
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 (Initials)

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**Sherwood Retirement & Personal Care Home**

**Date of Inspection: 09/03/2014**

**Violation: 2600.26(a)**

**Plan of Correction**

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Sherwood PCH shall conduct a system-wide, overarching review to detect patterns of problems and identify areas for improvement. The home shall document the review in writing summarizing: the date of the review, who conducted the review, how the review was done, the findings and any follow-up action planned based on the finding.

The Quality Management Plan shall address the review and evaluation of the following:

1. The reportable incident and condition reporting procedures
2. Complaint procedures
3. Staff person training
4. Licensing violations and plans of correction, if applicable
5. Resident or family councils, or both, if applicable

The Quality Management Plan shall address any areas needing further study or improvement as a result of the quality management review.

The review shall be conducted annually by the Administrator. The date and time of the review shall be posted and all residents shall be encouraged to attend.

*Karen E. Sherwood*

*Karen E. Sherwood, Administrator 09-17-14*

*Anne Hazlan 11-14-14*

Violation Report: 20355 - 09/03/2014 - Novak, Ryan  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

**2a. DESCRIPTION OF VIOLATION**

Staff Person "A" DOH 04-14-13 employment history reflects they had worked and resided in the state of California from September 1989 thru June 2012. This individual was not a resident of Pennsylvania for two years prior to their employment at the facility. The home did complete an FBI background check on staff person "A".

**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.

*Please see attached P g C.*

Repeat Violation: No

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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Karen E Sherwood*

Printed Name and Title of Legal Entity Representative  
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*Karen E. Sherwood, Administrator*

Date

*09-17-14*

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*OS*  
 (Initials)

Sherwood Retirement & Personal Care Home

Date of Inspection: 09/03/2014

Violation: 2600.52

Plan of Correction

p 4A.g 12

The PCH completed a Criminal Record Check (e-patch system) for staff person "A", however, an FBI background check was not completed.

In the future an FBI background check will be completed for an applicant who has not resided in PA for at least two years prior to their employment.

The home has updated the employment application which now includes the question:  
How long have you resided in PA? \_\_\_\_\_

\*Please note: In July 2014 staff person "A" became licensed to engage in the insurance business in the Commonwealth of PA. A copy of her license is attached along with copies of her appointment confirmation for fingerprint and her CA license transfer. I have enclosed these copies so it is evident that staff person "A" does currently hold a valid clearance.

The home will process the request for a criminal background check by the FBI, as required by this regulation. Results of this check will be maintained in the employee file.

Any new employees w/less than 2 years residence in PA will also have an FBI check completed w/in the 90 day time frame.

Karen E. Sherwood

Karen E. Sherwood, Administrator 09-17-14

Anne Graziano RLA 11-14-14

Violation Report: 20355 - 09/03/2014 - Novak, Ryan  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.66(c) - Documentation of compliance with the staff training plan shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home did not develop an annual training plan document for the years 2013 & 2014.

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.

Attached is a copy of the staff training plan for 2013. This training plan was actually the face sheet for the home's binder designated for staff training. During inspection I had neglected to show this face sheet when the records were reviewed.

The training plan for 2014 is attached.

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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 09-17-14

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Violation Report: 20355 - 09/03/2014 - Novak, Ryan  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION  
 The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen E. Sherwood, Administrator</i>	Date <i>09-17-14</i>
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**Sherwood Retirement & Personal Care Home**

**Date of Inspection: 09/03/2014**

**Violation: 2600.130(h)**

**Plan of Correction**

P6A 312

If a smoke detector or fire alarm is found to be inoperable, the home will immediately implement a "Fire Watch". The Administrator, administrator designee or maintenance will notify Canton Fire Company to advise them of our situation.

Spare battery operated devices are stored in the basement cabinet for use if there is a problem with the in-house system. These devices will be installed in the areas where inoperable devices are located until repairs are completed. Repairs shall be completed within 48 hours of the time the detector or alarm was found to be inoperable.

Staff is required to check each resident every 30 minutes while the Fire Watch is in effect. Staff will document the resident's name, the location of the resident and the time the check was made on the Fire Watch Log. The staff person completing the check will initial the log. The Fire Watch Log is located in the home's fire drill record folder stored in the PCH office.

Karen E. Sherwood

Karen E. Sherwood, Administrator 09-17-14

Anne Shasiano 11-14-14

Violation Report: 20355 - 09/03/2014 - Novak, Ryan  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The homes most recent sleeping hour fire drill was conducted on 07/31/14, the previous one was conducted on 12/4/13.

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 Administrator understands that the fire drill held during sleeping hours should have been completed prior to 06/30/14 to be in compliance with regulation 2600.132(e).

The home's next fire drill required during sleeping hours will be completed prior to 01/31/2015, which is within six months of the previous drill held on 07/31/14.

Going forward, the Adm or designee will review the monthly fire drill log for a review of the months an overnight drill was held and make a plan for the upcoming 6 month interlude to insure ongoing compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)


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Violation Report: 20355 - 09/03/2014 - Novak, Ryan  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's most recent DME was completed on 8/22/14, the previous one was completed on 7/1/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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 (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>09-17-14</i>
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- Not Implemented

Sherwood Retirement & Personal Care Home

Date of Inspection: 09/03/2014

Violation: 2600.141(b)(1)

Plan of Correction

P8A g12

The DME for Resident #1 was required by 07/01/14 to be in compliance with this regulation.

The Administrator had previously scheduled the appointment for the annual medical evaluation for Resident #1 for 06/27/14 (the Canton office schedules Friday appointments only). PCH was later informed that the doctor would not be in his office that day. This appointment was then re-scheduled for 07/11/14. Once again PCH was informed the doctor would not be in his office and the appointment was re-scheduled for the next available date, 08/22/14.

Resident #2 was seen by her physician and the annual DME was completed on 08/22/14.

In the future if our PCH is advised that a resident's appointment for the annual DME cannot be scheduled within the time frame required, the Administrator will request that the physician complete the annual evaluation based on the "last seen by" appointment date.

Adm or designee will maintain a schedule or tracking tool with residents' annual DME anniversary date to insure appointments are made as timely as possible. This will ~~ensure~~ assist in maintaining ongoing compliance.

Karen E. Sherwood

Karen E. Sherwood, Administrator

09-17-14

Anne Graziano 11-14-14

Violation Report: 20355 - 09/03/2014 - Novak, Ryan  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 The home does not have procedures for the safe use of medications and medical equipment.

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.

*please see attached page.*

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

*09-17-14*

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 (Date)

Plan of correction Implementation status as of 11-14-14  
 (Date)

The above plan of correction was approved by

*OP*  
 (Initials)

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

P9A812

**Sherwood Retirement & Personal Care Home**

**Date of Inspection: 09/03/2014**

**Violation: 2600.185(a)**

**Plan of Correction**

Sherwood PCH stores all prescription and OTC medication in the home's locked medication cabinet located in the PCH kitchen. Only trained, medication certified direct care staff have access to the medication when a resident requires his/her medication at the time prescribed by the physician.

All medical equipment such as walkers, canes, braces, pacemaker units (used for telephone checks) and oxygen cylinders/concentrators are the personal property of the resident. Trained staff will ensure that all medical equipment is stored safely in the resident rooms and be accessible to them for personal use.

Medical equipment is checked regularly to ensure that all equipment is labeled as intended, is clean, in good repair and free of hazard.

Adm or designee will make periodic reviews of staff performing safe storage, cleaning, and proper administration of medications to ensure ongoing compliance.

Karen E. Sherwood

Karen E. Sherwood, Administrator

09-17-14

Done 11-14-14

Violation Report: 20355 - 09/03/2014 - Novak, Ryan  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

**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 #2 did not have their medications initialed as given on 09-02-14 at 8:00pm for the following medications:

Aggrenox 26-200 mg tab. take 1 tab by mouth 2 times a day. DX: Stroke prevention  
 Atorvastatin 1 tab by mouth, 8:00pm DX: Hyperlipidemia Magnesium Oxide 400 mg tab., take 1 tab by mouth daily at 8:00pm DX: Supplement  
 Levemir Flex Pen inject 14 units under the skin at bed time daily. DX: Diabetes  
 Flutecason Propionate, spray 1 spray in each nostril 2 times a day.


**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.

*Continued on next page.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Karen E. Sherwood</i>	<i>Anne Storz</i> 11-14-14

*Karen E. Sherwood, Administrator 09-17-14*

Violation Report: 20355 - 09/03/2014 - Novak, Ryan PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME	
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.	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Karen E. Sherwood, Administrator</u>	Date <u>09-17-14</u>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
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The above plan of correction was approved by <u></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

Continued on next page.

**Sherwood Retirement & Personal Care Home**

**Date of Inspection: 09/03/2014**

**Violation: 2600.187(a)**

**Plan of Correction**

P 11 Aug 12

The staff person responsible for the 8pm medication pass for Resident #2 on 09/02/14 assures me that the resident did receive her medication. Since other staff members were busy conducting a bingo game/birthday party, the staff person responsible for the medication passes stopped to assist another resident while on her way back to the kitchen. After returning to the medication cabinet, however, she did neglect to initial the medication for Resident #2.

On 9/11/14 the Administrator completed a training review of Module 5 (How to Administer Medication, Step by Step) and Module 8 (Documentation, Recording and Storage) from the PA DPW/OMR Manual: Administering Medications the Right Way (Student Manual). The Administrator has observed several medication passes performed by the responsible staff person since this incident and can report that the passes are being completed correctly.

Because of this incident the Administrator has also conducted open discussion with all med certified staff persons to review the importance of understanding the medication cycle and the importance of accurate documentation. The Administrator will observe med passes frequently and at random for all med certified staff.

Karen E. Sherwood

Karen E. Sherwood, Administrator

09-17-14

Care Director 11-14-14

Violation Report: 20355 - 09/03/2014 - Novak, Ryan  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a policy for managing records.

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 page.*

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  
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*Karen E. Sherwood, Administrator*

Date

*09-17-14*

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**Sherwood Retirement & Personal Care Home**

**Date of Inspection: 09/03/2014**

**Violation: 2600.254(b)**

**Plan of Correction**

P12AG12

All current resident records are located in the PCH office which is kept locked at all times to assure security and privacy of each resident's confidential information.

In the event of an emergency resident records may not be opened to anyone other than the resident, the designated person, agents of the Department or the long-term care ombudsman. The administrator, administrator designee or a med certified staff person may also open the resident's record if the resident must be admitted to the hospital or other health care institution. The resident agrees by signature on the Admission Agreement that such records can be released to persons or institutions entrusted to provide the resident with medical care.

All records of discharged or deceased residents are stored in a locked metal cabinet located in the PCH basement to prevent unauthorized access. These records, however, are accessible upon request to agents of the Department or representatives of the Area Agency on Aging.

Karen E Sherwood

Karen E. Sherwood, Administrator 09-17-14

Ann Shroyer 11-14-14