



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 09 2015

Ms. Lori Greer, Administrator  
Pittsburgh Lifetime Care Community  
100 Norman Drive  
Cranberry Township, Pennsylvania 16066

RE: Sherwood Oaks  
License #: 457760

Dear Ms. Greer:

As a result of the Department of Human Services' licensing inspection on November 21, 2014 and November 26, 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 December 8, 2014 to December 8, 2015, was issued on August 25, 2014. Your regular license remains in good standing.

Sincerely,

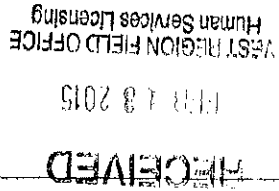
A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

*SH*

Enclosure  
License Inspection Summary

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

PCH Name: SHERWOOD OAKS		License Number: 45776
Address: 100 & 500 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066		County: Butler
Administrator: Lori Greer		Region: WFS1
Legal Entity Name: PITTSBURGH LIFETIME CARE COMMUNITY		
Legal Entity Address: 100 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066		
Certificate(s) of Occupancy		
I-2 02/24/2012 Cranberry Township	I-2 08/10/2010 Cranberry Township	Other-A4 10/28/1982 L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 98	Waking Staff: 74
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/21/2014: Miller-Linhart, Alden; Mandock, Nancy; Park, Beth 11/26/2014: Miller-Linhart, Alden		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 77 Number of Residents Served: 69 Secured Dementia Care Unit in Home: Yes Area: Oak Grove Center -building 500 two story attached 100 Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 29 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 29 Have a Physical Disability: 0

RECEIVED

FEB 15 2015

Violation Report: 45776 - 11/21/2014 - Miller-Linhart, Alden  
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

None of the emergency service numbers were posted nearby the telephones in bedrooms 369 and 386.

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 two identified telephones were corrected on the spot 11-26-14. All other telephones were checked the same day. The stickers listing emergency numbers will be included in the move-in packet to ensure resident owned telephones are labeled. The nurse completing the move-in paperwork will be responsible to complete this action.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Lori Greer*

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

Lori Greer, PCHA

Date 2-12-15

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

The above plan of correction is approved as of

2/13/15  
(Date)

Plan of correction implementation status as of

2/13/15  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 45776 - 11/21/2014 - Miller-Linhart, Alden  
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

There are no grab bars on the urinals and one of stalls in the men's bathroom on the lower level of the home near the Cranberry Lake Grill.

There are no grab bars on three of the four stalls in the women's bathroom on the lower level of the home near the Cranberry Lake Grill.

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.

Each bathroom in the Cranberry Lake Grill area of the building had a handicap stall with grab bars. On December 1, 2014 all stalls and urinals had grab bars installed by our maintenance department. See attached pictures.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori Greer, PCHA*      Date *2-12-15*

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The above plan of correction is approved as of 2/13/15  
(Date)

Plan of correction implementation status as of 2/13/15  
(Date)

The above plan of correction was approved by W  
(Initials)

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

Violation Report: 45776 - 11/21/2014 - Miller-Linhart, Alden  
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 11/21/2014, there was an accumulation of approximately 1/2 inch of lint in the lint traps of the four commercial dryers. According to staff person A, the lint traps are only cleaned twice daily in the morning and the afternoon, regardless of the number of loads of laundry that are dried that 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.

The Environmental Services Department developed a policy + procedure to ensure the lint traps are cleaned after each use. A daily log will be kept with each commercial dry to ensure consistency. See attached policy and documentation of staff education.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori Greer, PCHA*      Date *2-12-15*

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(Date)

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

Plan of correction implementation status as of 2/12/15  
(Date)

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

FEB 13 2015

Violation Report: 45776 - 11/21/2014 - Miller-Linhart, Alden  
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There is no "EXIT" sign posted above the second floor door which leads to a deck with an route to the ground level. The home currently serves 69 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.

An Exit sign was installed by maintenance immediately upon identifying the problem during the inspection. See attached photo.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Lori Greer*

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

Lori Greer, PCHA

Date 2-12-15

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2/13/15  
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*[Signature]*  
(Initials)

Violation Report: 45776 - 11/21/2014 - Miller-Linhart, Alden  
 PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE  
 Human Services Licensing

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 #1 self-administers insulin and glucose chew tablets during occasional day trips; however, the residents medical evaluation dated 8/4/14, indicates that the resident cannot self-administer 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.

It is not our practice to have residents self administer medications. For the identified resident, the medication is provided in the event of an emergency while unaccompanied out of the facility. A physician assessment and order were obtained 11-24-14 with her care plan updated at that time. See attached documentation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lori Green*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Lori Green, PCHA Date 2-12-15

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 (Date)

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 (Date)

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 (Initials)

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