



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 01 2015

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

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

Dear Ms. Sherwood:

As a result of the Department of Human Services' annual licensing inspection on August 25, 2015 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.

Sincerely,

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

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME		License Number: 20355
Address: 3995 ROUTE 414, CANTON, PA 17724		County: Bradford
Administrator: Karen Sherwood		Region: NORTHEAST
Legal Entity Name: SHERWOOD RETIREMENT AND PERSONAL CARE HOME INC		
Legal Entity Address: 3995 ROUTE 414, CANTON, PA 17724		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 12/16/2004 Department of L&I	C-2 LP 02/24/2003 Department of L&I	C-2 LP 04/12/1999 Department of L&I
<b>Staffing Hours</b>		
Resident Support: NM	Total Daily Staff: 20	Waking Staff: 15
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
08/25/2015: Hummel, Jesse; Dumas, Gerald		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 27 Number of Residents Served: 20 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 20355 - 08/25/2015 - Hummel, Jesse  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**

On 8/25/15 the facility's licensing inspection summary report dated 9/3/14 was not posted in a public and conspicuous place within 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.*

It had been my impression that a violation report was required to be posted, but could be removed once the Department responded to the home's plan of correction.

I now fully understand regulation 2600.3(c). The current licensing inspection summary will remain posted in a public and conspicuous place within the facility (the home's foyer) until the next inspection is completed.

The home may remove any violations that have an implementation status of "fully implemented". *Q*, 11-13-15

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) <i>Haren E. Sherwood - Administrator</i>	Date <i>9-17-15</i>
--	---------------------

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

The above plan of correction is approved as of <u>11-13-15</u> (Date)  The above plan of correction was approved by <i>Q</i> (Initials)	Plan of correction implementation status as of <u>11-13-15</u> (Date)  <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 - 08/25/2015 - Hummel, Jesse  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Ancillary staff person A hired on [redacted] 15, did not complete training in Resident Rights, the Emergency Medical Plan, the Older Adult Protective Services Act, or Reporting 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 ancillary staff person hired on [redacted]-15 has now completed training: (1) Resident Rights, (2) Emergency medical plan, (3) Older adult protective services act and (4) Reporting of reportable incidents and conditions. The training was completed by the Administrator on 9-17-15.

In the future all direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have such orientation within 40 scheduled working hours.

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 *9-17-15*

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

The above plan of correction is approved as of <u>11-13-15</u> (Date)  The above plan of correction was approved by <u><i>OP</i></u> (Initials)	Plan of correction implementation status as of <u>11-13-15</u> (Date)  <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 - 08/25/2015 - Hummel, Jesse  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION  
 Department Representatives observed a medication bottle containing Restasis Eye Drops located within the facility's unlocked refrigerator. This medication is stored unlocked and unattended.

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 purchased a small lock box specifically for the bottle containing Restasis eye drops which must be refrigerated after opening.

In the future all prescription medications, OTC medications and CAM stored in a refrigerator will be kept in a container that is locked.

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 *9-17-15*

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

The above plan of correction is approved as of 11-13-15  
 (Date)

Plan of correction implementation status as of 11-13-15  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 20355 - 08/25/2015 - Hummel, Jesse  
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

**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**  
 Resident #1 is prescribed Glimepride 4mg - 1 tablet daily. The resident's medication label incorrectly indicates to administer Glimepride 4mg tablet 2 tablets daily.  
 Resident #2 is prescribed Metolazone 2.5mg - 1 tablet daily. The resident's medication label incorrectly indicates to administer Metolazone 2.5mg daily **As Needed**.  
 Resident #2 is prescribed Hydroxyzine HCL 25mg - Take 1/2 tablet to 1 tablet - 2 Times daily. The resident's medication label incorrectly indicates to administer Hydroxyzine HCL - 1/2 tablet to 1 tablet - 2 Times daily **As Needed**.  
 Resident #2 is prescribed Furosemide 40mg - 1 tab daily. The resident's medication label incorrectly indicates to administer Furosemide 40mg - 1 tab 2 times 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.

Pharmacy labels for the medications listed on the Violation Report for Resident #1 and Resident #2 do not correspond with the instructions listed on the current MAR. To advise our med certified staff of the change of order the Administrator has now placed bright colored stickers on each medication bottle whose label does not correspond with the MAR. The stickers state "New order - see MAR".

In the future when an order changes and no longer corresponds with the MAR, a sticker will be placed on the medication bottle to alert staff of a change of order. Adm or Designee will review Pharm. deliveries & stocking the med cart at least once per month to ensure ongoing compliance. *RD 11-13-15.*

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 *9-17-15*

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

The above plan of correction is approved as of 11-13-15  
 (Date)

Plan of correction implementation status as of 11-13-15  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 20355 - 08/25/2015 - Hummel, Jesse  
 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

On 8/21/15 the physician of resident #3 discontinued the use of Bayer Lancets and Blood Glucose Test strips as well as testing the resident's blood glucose readings. The facility has continued using these items and has continued to regularly test the resident's blood glucose levels. In doing so the facility has failed to follow the orders of the prescribing physician.

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.

Monitoring the blood glucose of Resident #3 had been an order since [redacted] admission on [redacted]-13. Since Resident #3 is diabetic and insulin dependent the Administrator did not feel comfortable with the order to discontinue. This, of course, resulted in a citation for regulation 2600.187(d).

On 8-26-15 during the physician's in-home visit the Administrator addressed this concern. The physician for Resident #3 issued an order to resume blood glucose checks twice daily. (Copy attached)

In the future the home will follow instructions of the prescribing physician and immediately address any concerns to the resident's primary care provider.

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 9-17-15

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

The above plan of correction is approved as of 11-13-15  
 (Date)

Plan of correction implementation status as of 11-13-15  
 (Date)

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

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)