



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 20 2017

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 Human Services' annual licensing inspections on July 11, 2016 and July 12, 2016 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

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 18066		County: Butler
Administrator: Lorl Greer		Region: WEST
Legal Entity Name: PITTSBURGH LIFETIME CARE COMMUNITY		
Legal Entity Address: 100 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 18066		
Certificate(s) of Occupancy		
Other	I-2	I-2
09/01/2015	09/11/2012	02/24/2012
Cranberry Township	Cranberry Township	Cranberry Township
Staffing Hours		
Resident Support: 0	Total Daily Staff: 78	Working Staff: 59
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 07/11/2016: Garrigan, Laurie; Park, Belh 07/12/2016: Garrigan, Laurie		<b>RECEIVED</b>  NOV 11 2016  WEST REGION FIELD OFFICE Human Services Licensing
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: 54 Secured Dementia Care Unit In Home: Yes Area: Oak Grove Center Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 24 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 19	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 24 Have a Physical Disability: 1	

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Violation Report: 45776 - 07/11/2016 - Garrigan, Laurie  
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 12, did not receive training on the following topics during the 2015 training year:

- \* Instruction on meeting the needs as outlined in preadmission, assessment, medical evaluation and support plan
- \* Care for residents with mental illness or intellectual disability. The home currently serves one resident with a diagnosis of an intellectual disability.

Direct care staff person B, hired on [redacted] 907, did not receive training on the following topics during the 2015 training year:

- \* Instruction on meeting the needs as outlined in preadmission, assessment, medical evaluation and support plan
- \* Care for residents with mental illness or intellectual disability. The home currently serves one resident with a diagnosis of an intellectual disability.

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 the attached training modules and competency tests: "Meeting the Resident's Needs according to Pre-Admission Screen, Assessment, Medical Evaluation and Support Plan" and "Caring for Resident with Mental Illness or Intellectual Disability." Both trainings will be completed by the PCHA by December 31, 2016. Both topics will be included in staff annual training plan ongoing. We follow the calendar year as our training period.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mark S. Bondi, Pres. CEO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mark Bondi, Pres/CEO*      Date *11-11-16*

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

The above plan of correction is approved as of 11/17/16 (Date)

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

Plan of correction implementation status as of 11/17/16 (Date)

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

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Violation Report: 45776 - 07/11/2016 - Garrigan, Laurie PCH Name: SHERWOOD OAKS		WEST REGION FIELD OFFICE Human Services Licensing	
<p>1. REGULATION 56 Pa.Code §2600 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:</p> <ul style="list-style-type: none"> <li>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.</li> <li>(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.</li> <li>(3) Resident rights.</li> <li>(4) The Older Adult Protective Services Act (36 P. S. §§ 10225.101-10225.5102).</li> <li>(5) Falls and accident prevention.</li> <li>(6) New population groups that are being served at the home that were not previously served, if applicable.</li> </ul>			
<p>2a. DESCRIPTION OF VIOLATION Direct care staff person B, hired on [redacted] 1987, did not receive the training on falls and accident prevention during the 2015 training year.</p>			
<p>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.</p> <p>Training on Falls and Accident Prevention had inadvertently been removed from our "Environment of Care" training module. This content has been added back in and will be included in ongoing annual staff training plans. For the 2016 training period, the attached module "Understanding Fall Risk Factors" has been completed by all staff as evidenced by the attached records.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Mark Bandi</i> , PRES. CEO	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 11-11-16	
<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><i>[Signature]</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Violation Report: 46776 - 07/11/2016 - Garrigan, Laurie  
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
On 7/11/16, the door leading to the secured dementia unit's patio was propped open and not screened.

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 nurse supervisors have been instructed to monitor every day to ensure no door is propped open unless a screen is in place.

Our maintenance department has ordered the attached device to be installed on our three patio doors. This installation will be completed no later than March 1, 2017 in time for the Spring weather.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mark Bondi, CEO/Pres.*

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

Mark Bondi, CEO/Pres.

Date 11-11-16

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(Date)

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11/17/16  
(Date)

The above plan of correction was approved by

*MB*  
(Initials)

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Violation Report: 46776 - 07/11/2016 - Garrigan, Laurie  
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 7/11/16, the emergency preparedness plan for the municipality was not posted in a conspicuous and public place in the home.

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 Cranberry Township's Implementation of the Butler County Emergency Operations Plan was posted on each floor 7-11-16 while the inspectors were on site.

The PCHA will monitor monthly to ensure a copy of this plan remains available in a conspicuous and public place in the facility.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mark Bondi, CEO/Pres.*      Date *11-11-16*

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PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 8/4/15.

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 annual fire drill and fire safety inspection was completed 7-19-16 as evidenced by the attached documentation. Also included is confirmation of our scheduled drill and inspection for 4-25-2017.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall develop and implement a system to ensure a fire safety inspection and supervised fire drill conducted by a fire safety expert is completed annually. 11/17/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mark Bondi* PRES, CEO

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mark Bondi, CEO/Pres.      Date 11-11-16

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