



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 19 2016

Ms. Karen E. Sherwood, Owner/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 Human Services' annual licensing inspection on August 25, 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: 20355 - 08/25/2016 - Rushin, Julianne
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION §5 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

The licensing inspection summary dated 8/25/15 posted on the wall near the kitchen contained the resident privacy coding document. The privacy coding document exposes the resident's confidential information.

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 the future the privacy coding document will be removed from the inspection summary before it is placed on the wall in the foyer. The coding document will be placed in a file located in the home's office.

The administrator shall monitor and assure ongoing compliance.

M
 11/2/16

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 10-25-16

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

The above plan of correction is approved as of

11/2/16
 (Date)

Plan of correction implementation status as of

11/2/16
 (Date)

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

The above plan of correction was approved by

M
 (Initials)

Violation Report: 20355 - 08/25/2016 - Rushin, Julienne
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person "B" hired [redacted] 15 did not complete the Department approved direct care competency course until 8/4/16.

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.

Prior to 12-12-15 staff person B did complete the direct care course/competency test in the PCN office. The certification was printed out & left on my desk ready to be placed in her file. I actually did not realize until just before inspection that her certificate was missing. She could not retrieve the certificate on-line, so on 8-24-16 she again completed the course/competency test. After the certification was printed I immediately placed it in file. I will be more careful in the future.

Repeat Violation: No Date(s) of Previous Violation(s): *The administrator shall monitor all staff records for compliance. The administrator is responsible.*

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 *10-25-16* *m*

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

The above plan of correction is approved as of <u>11/2/16</u> (Date)	Plan of correction implementation status as of <u>11/2/16</u> (Date)
The above plan of correction was approved by <u><i>m</i></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

Violation Report: 20355 - 08/25/2018 - Rushin, Julienne

PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 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:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person "C" hired [redacted] 13 did not receive training in resident rights, The Older Adult Protective Services Act and falls and accident prevention for training year 2015.

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.

I did not realize this training was required for maintenance staff. However, on 9-9-16 staff person C received the required training for resident rights, The Older Adult Protective Services Act and Falls and Accident Prevention. In the future training for 2600.65(g) will be completed annually for all ancillary staff as well as direct care staff.

The administrator shall monitor and assure ongoing compliance
[Signature]
 11/2/16

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 *10-25-16*

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The above plan of correction is approved as of 11/2/16
 (Date)

Plan of correction implementation status as of 11/2/16
 (Date)

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

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

Violation Report: 20355 - 08/25/2016 - Rushin, Julienne
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2800
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 8/25/16, at approximately 2:00pm, the water temperature at the sink in resident room #1 measured 126.6 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.

Temperature checks are completed monthly in various rooms by maintenance staff then recorded on the home's log. Maintenance was instructed by the installer to use only a dial thermometer for recording water temperatures to ensure the most accurate readings. Attached is a copy of the home's water temperature log for you to review. As indicated, temperatures are consistent.

The administrator shall monitor for ongoing compliance.
 m 11/2/16

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 10-26-16

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

The above plan of correction is approved as of 11/2/16
 (Date)

Plan of correction implementation status as of 11/2/16
 (Date)

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

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

Violation Report: 20355 - 08/25/2016 - Rushin, Julianne
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Administrator "A" did not have documentation as to when the initial medication administration course was completed. The Administrator has not completed annual practicums as required and has passed medication in August 2016.

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.

I am unable to locate documentation for my medication administration course. The Administrator of C.A.R.E, Mainsburg, PA has agreed to allow me to complete the medication course through the trainer for her home. I will provide documentation to the Department upon completion of the course.

• The administrator shall monitor and assure ongoing compliance. M 11/2/16

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 *10-27-16*

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The above plan of correction is approved as of 11/2/16
 (Date)

Plan of correction implementation status as of 11/2/16
 (Date)

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

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

Violation Report: 20355 - 08/25/2016 - Rushin, Julianne
 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's Lantus solo star pen and Humalog quick pen did not have a pharmacy label attached.
 Resident # 2's Ipratropium bromide and albuterol sulfate did not have a pharmacy label attached.

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.

As requested the pharmacy provided the appropriate labels for the above medication. In the future all prescription medication will carry a pharmacy label that includes the resident's name, name of the medication, date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber.

The administrator shall monitor and assure ongoing compliance.

M
11/2/16

Repeat Violation: Yes Date(s) of Previous Violation(s) 08/25/2015

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 *10-26-16*

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 (Initials)

Violation Report: 20355 - 08/25/2016 - Rushin, Julianne
 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

Resident # 1's medication administration record did not have a diagnosis/purpose for the resident's lorazepam, Lyrica and carvedilol. Resident # 1's clonidine patch was not initialed as administered on 8/14/16 and 8/21/16. Resident # 3's PRN Tylenol was no on the medication administration record.

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 pharmacy neglected to include the diagnosis/purpose on the above medications for Resident #1 and the home neglected to notice that it was missing on the MAR. The diagnosis/purpose has now been added (hand-written) on the appropriate MAR's. In the future the Clonidine patch for Resident #1 will be initialed by staff on the date it is replaced. To bring it to staff's attention we placed a bold dot under the date for each Sunday of the month. Tylenol for Resident #3 was in the medication cabinet but not listed on the MAR by the pharmacy and since Tylenol had not been requested by the resident, it was not noticed by the home. In the future staff will be more careful to review the MAR's from the pharmacy and all missing information will be added to ensure a correct and complete MAR

Repeat Violation: No

Date(s) of Previous Violation(s):

The administrator shall monitor and assure ongoing compliance

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 11/2/16
 10-26-16

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The above plan of correction is approved as of 11/2/16
 (Date)

Plan of correction implementation status as of 11/2/16
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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