



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 02 2017

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' (Department) annual licensing inspection on August 18, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20355 - 08/18/2017 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed QC Senna from 8/1-8/11/17 due to the medication being held by the home. The home does not have an order to hold the medication. The home did not submit an incident report to the Department regarding the medication error.

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.

During inspection on 8-18-17 the home was cited for not having a hold order for Resident #1. Senna is prescribed daily, however, Resident #1 often requested that Senna be held to prevent loose stool. After inspection the home immediately contacted the resident's physician, Dr. [REDACTED]. On 8-23-17 Dr. [REDACTED] gave written permission that Senna may be held for loose stool when requested by the resident. The written order was placed in the resident's file and is now noted on the VNAK. In the future the home will immediately submit an incident report to the Department's personal care home regional office as required. A copy of Dr. [REDACTED] order is enclosed.

The administrator shall monitor and assure ongoing compliance. *[Signature]* 9/29/17

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 *9-6-17*

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

The above plan of correction is approved as of *9/29/17* (Date)

Plan of correction implementation status as of *9/29/17* (Date)

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

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

Violation Report: 20355 - 08/18/2017 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The batteries in the home's carbon monoxide detectors were not dated at the time they were installed.

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.

After inspection maintenance installed and dated new batteries in the home's carbon monoxide detectors. Maintenance will now date the batteries whenever they are replaced and note this in the home's maintenance log.

- The administrator shall monitor and assure ongoing compliance.

[Signature]
 9/29/17

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) *Karen E. Sherwood - Administrator* Date *9-6-17*

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

The above plan of correction is approved as of 9/29/17
 (Date)

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

Plan of correction implementation status as of 9/29/17
 (Date)

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

Violation Report: 20355 - 08/18/2017 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 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 member A hired 12/12/15 did not receive training in medication self-administration, instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan and safe management techniques.

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.

All direct care staff, whether they are medication certified or not, will receive annual training in medication self-administration and instruction on meeting the needs of the residents as described in 65(f). This training will be included in the annual staff training plan prepared by the Administrator. The training shall be completed for training years 2016 + 2017 and ongoing. The administrator shall monitor and assure ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): 9/29/17

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 9-6-17

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The above plan of correction is approved as of 9/29/17 (Date)

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

Plan of correction implementation status as of 9/29/17 (Date)

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

Violation Report: 20355 - 08/18/2017 - Yellenic, Cindy
PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's letter to the local fire company did not state the capacity of the home or if they accept any residents with mobility needs.

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's letter to the Canton Fire Company now includes the capacity of the home and states that the home does accept residents with or without mobility needs. A copy of this letter is attached

The administrator shall monitor and assure ongoing compliance. *[Signature]*
9/29/17

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 *9-6-17*

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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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20355 - 08/18/2017 - Yellenic, Cindy
 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 glucometer for Resident #2 was not calibrated to the correct date and time.

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 glucometer for resident #2 has now been calibrated to the correct date and time. The glucometer is checked by staff at the time of use.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 9/29/17

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>9-7-17</i>
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Violation Report: 20355 - 08/18/2017 - Yellenic, Cindy
 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
 Resident #1 did not receive the prescribed QC Senna from 8/1-8/11/17 due to the medication being held by the home. The home does not have an order to hold the medication.

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 resident requested a hold for Senna due to her concern of loose stool, it was not intended as a refusal of medication. However, the home now understands that to hold medication for any reason is a violation and that there must be an order from the physician to authorize the hold. On 8-23-17 an order to hold for loose stool was provided by the resident's physician. The order has been entered into the resident's file and the MAR now shows the hold order. A copy of this order is enclosed.

• The administrator shall monitor and assure ongoing compliance.

M 9/29/17

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 9-7-17

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The above plan of correction was approved by <u>M</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 - 08/18/2017 - Yellenic, Cindy
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed QC Senna from 8/1-8/11/17 due to the medication being held by the home. The home does not have an order to hold the medication. The prescriber was not notified regarding the medication error.

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 home will immediately contact the physician if a resident would request to hold medication for any reason. If the physician provides a hold order, the order will be placed in the resident's file and the MMR will be updated so staff is aware that a hold order is in place.

The administrator shall monitor and assure ongoing compliance -

[Signature]
 9/29/17

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>9-7-17</i>
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