



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 17 2018

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

RE: Sherwood Oaks
Certificate #: 457760

Dear Ms. Greer:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 22, 2018 and May 25, 2018, 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, 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 16066		County: Butler
Administrator: Lori Greer		Region: WEST
Legal Entity Name: PITTSBURGH LIFETIME CARE COMMUNITY		
Legal Entity Address: 100 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066		
Certificate(s) of Occupancy		
A-4 10/28/1989 Labor and Industry	I-2 08/10/2010 Cranberry Township	A-3 09/01/2015 Cranberry Township
Staffing Hours		
Resident Support: 0	Total Daily Staff: 100	Waking Staff: 76
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		RECEIVED
On-Site Inspections Dates and Department Representatives On-Site 05/22/2018: Garrigan, Laurie; Garvey, Jody 05/25/2018: Garrigan, Laurie; Garvey, Jody		JUL 06 2018 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: 71 Secured Dementia Care Unit in Home: Yes Area: Oak Grove Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 29 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 14		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 29 Have a Physical Disability: 0

Violation Report: 45776 - 06/22/2018 - Garrigan, Laurie
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
No sign indicating the home is recording the exit door in the bridge hallway is present on or near this exit door. (Observed 5/22/18)

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.

Attachment A shows the sign that was hung on 5/23/18. The inspector was shown the sign on 5/25/18 to verify compliance.

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

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

Printed Name and Title of Legal Entity Representative Lori Greer, PCHA Date 7-6-18
(Required on EVERY Page)

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

The above plan of correction is approved as of 8/6/18
(Date)

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

Plan of correction implementation status as of 8/6/18
(Date)

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

Violation Report: 45776 - 06/22/2018 - Garrigan, Laurie
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
On 6/22/18 at 11:25 a.m., a 19-ounce Great Value Disinfectant spray, approximately 1/4 full, with a manufacturer's label indicating to call a poison control center or doctor if swallowed, was unlocked, unattended and accessible in a cabinet between bedrooms #8 and #9 in the secured dementia care unit. Some of the residents in the home, including resident #2, are not assessed as safe to use or avoid poisonous materials.

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.

This spray can was removed immediately from the cabinet.
Once a day, our overnight shift will complete an inspection of common area cabinets to ensure no poisonous materials are stored by employees or visitors to the unit.
To assist in developing a regular routine of this task, attachment B shows a log that will be completed by the staff for July & August 2018 to ensure compliance.
The administrator will conduct random checks when rounding on the units.

Within 5 days of receipt of the plan of correction: All staff persons shall be educated on the importance of ensuring all poisonous materials are kept in an area or container which is locked. Documentation of the education shall be kept. *8/6/18*

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

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

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Lori Greer, PCHA 7-6-18

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

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

Violation Report: 46776 - 05/22/2018 - Garrigan, Laurie
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE
Human Services Licensing

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 #3 is prescribed Humalog Mix 75/25 Kwik Pen-Inject 15 units subcutaneously every morning with breakfast, Inject 8 units subcutaneously with lunch, and inject 15 units subcutaneously with dinner. However, the pharmacy label does not include the prescribed dosage and instructions for the lunch and dinner administrations.

Resident #4 is prescribed Toujeo Solo Inj 300iu/ml-Inject 11 units subcutaneously at bedtime. However, the pharmacy label on the medication indicates, Toujeo Solo Inj 300iu/ml-Inject 10 units subcutaneously at bedtime.

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.

Resident #3 label corrected. See attachment C.
Resident # 4 label corrected. See attachment D.

All orders are approved by an LPN or RN. Nurse education will be reviewed and documented by July 30th to ensure all nurses are thoroughly reviewing orders and labels as they are processed. The RN Care Manager will do random audits to ensure the medications on all units are properly labeled.

at least monthly 8/6/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lori Greer, PCHA Date 7-6-18

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Plan of correction implementation status as of 8/6/18 (Date)

- Fully Implemented
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Violation Report: 45776 - 06/22/2018 - Garrigan, Laurie
 PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE
 Human Services Licensing

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

On 5/22/18, residents #3 and #6's glucometers are not calibrated to the correct time.

Resident #4's blood sugar readings on his/her glucometer do not match the resident's May 2018 medication administration record (MAR) on numerous occasions, to include the following times:

DATE	TIME	MAR READING	GLUCOMETER READING
5/22/18	8:00 a.m.	100	88
5/21/18	4:59 p.m.	84	87
5/21/18	7:30 a.m.	134	no reading

Resident #4's glucometer indicates a blood sugar reading of 125 on 5/20/18 at 8:29 p.m.; however, this reading was not recorded on the resident's May 2018 MAR.

Resident #5's May 2018 MAR indicates a blood sugar reading of 102 at 8:00 a.m. on 5/12/18 and 5/13/18; however, these readings are not indicated on the resident's glucometer.

On 5/22/18, an unlabeled, used glucometer was present in the secured dementia care unit's 2nd floor hallway cabinet. The last glucometer reading on the glucometer was from September 2017.

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 trained staff who check blood sugars will review education on safe glucometer use & documentation by July 30, 2018. This education will be documented for verification of completion.

Resident #4 has had her glucometer replaced since the inspection in May 2018. Attachment E is a log of blood sugar readings as a supplement to her MAR to document various PRN readings throughout the day. Resident #5 was an isolated incident and the staff education will reinforce compliance with the process. The RN case manager will conduct random audits to ensure compliance with safe glucometer use and documentation of blood sugar readings.

The unlabeled glucometer was discarded from the unit. On occasion, a resident's insurance will approve the cost and send an additional glucometer. This item will be labeled with the resident's name and locked with the PRN medications.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 7-6-18

Lori Greer, PCHA

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>2</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUL 06 2018

Violation Report: 45776 - 05/22/2018 - Garrigan, Laurie
PCH Name: SHERWOOD OAKS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
Staff person B, hired 5/31/16, who works on the home's secured dementia care unit, only received 5 additional hours of annual training related to dementia during the 2017 training year.

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 a practice, our staff receives far and beyond the overall number of training hours required by our regulations.

Staff person B is a casual employee who completed 6 hours of dementia specific training; however, these did not meet the requirement of 2600.236 & 2600.65 combined.

Staff person B has already completed 9 hours of dementia specific training in 2018.

The administrator or designee will complete an audit of all staff training records by the end of September 2018, which is when our annual mandatory trainings are all completed.

A second audit will be completed by December 1, 2018 to ensure all additional training requirements are satisfied for our 2018 calendar year training period.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Lori Greer, PCHA Date 7-6-18

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