



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 24 2018

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's Bureau of Human Services Licensing annual inspection on August 21, 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 that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20355 - 08/21/2018 - Dumas, Gerald
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

Exterior lighting is not available in the rear and sides of the home and along egress path to the fire safe area. The home's fire safe area is located to the rear of the home. Exterior lighting assures the safe evacuation of staff and residents in the event of an emergency or fire away from 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.

Maintenance has purchased LED dusk to dawn lighting to be installed for appropriate coverage along the egress path to the fire safe area to assure safe evacuation for staff and residents in the event of a fire or other emergency. Our contractor states he will schedule the installation as soon as he is available.

The Administrator will send a digital photo and a copy of the receipt for the light upon completion of the installation. This should be submitted no later than 11-1-18.

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 *9-25-18*

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

The above plan of correction is approved as of <u>10-2-18</u> (Date)	Plan of correction implementation status as of <u>10-2-18</u> (Date)
The above plan of correction was approved by <u>ag</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 - 08/21/2018 - Dumas, Gerald
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone numbers required by this regulation were not posted near or by the phones located in room #'s 8, 20, and 24.

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 this inspection the phone numbers required by this regulation were located on the wall above the resident's phone and held in place by mounting tabs. Obviously we did ^{not} notice when they went missing. Since inspection the required phone numbers have been replaced and are now fastened to the phone cord for easy access.

The Administrator or Designee will periodically check to ensure that these required numbers remain posted.

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>9-25-18</i>
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Violation Report: 20355 - 08/21/2018 - Dumas, Gerald
 PCH Name: SHERWOOD RETIREMENT & PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The record of resident #1 did not indicate the resident's identifying marks, if any.

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 record for Resident #1 has been corrected. In the space designated for identifying marks I have now answered with the word "None" to indicate the absence of any identification marks for this resident. In the future I will fill in all designated spaces on the resident record.

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 *9-25-18*

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