



January 9, 2020

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 June 11, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SHERWOOD OAKS*License Number: *45776*Address: *100 & 500 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066*County: *BUTLER*Region: *WESTERN*

Administrator

Name: *Lori Greer*Phone: *7247768100*Email: *greerL4@upmc.edu*

Legal Entity

Name: *PITTSBURGH LIFETIME CARE COMMUNITY*Address: *100 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA, 16066*

Certificate(s) of Occupancy

Type: *R-4*Date: *10/28/1982*Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *102*Waking Staff: *77*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal*

Inspection Dates and Department Representative

06/11/2019 - On-Site: Joe Eveges, Barbara Barone, Belinda Graziano

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *77*Residents Served: *72*

Secured Dementia Care Unit

In Home: *Yes*Area: *Oak Grove*Capacity: *30*Residents Served: *30*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *70*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *1*Have Mobility Need: *30*Have Physical Disability: *0*

95 - Furniture and Equipment

Regulations

2600. 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The enabler bar attached to resident #1's bed is not secure, moving approximately 1/2" side to side. In addition, a piece of plywood attached to the bed frame protrudes out approximately 8", posing a potential trip/fall hazard.

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.)

Our maintenance director immediately secured the bed cane in question on day of inspection 6/11/19.

All bed canes/enablers currently in use by residents will be inspected by September 6, 2019 to ensure each is securely fastened to the bed frame. See attached documentation confirming the maintenance request.

All staff members will be educated by October 15, 2019 on regulation 2600.95, this specific violation and bed cane/enabler safety. The education will be evidenced by signed documentation. (See attachments) Staff education will include how to initiate a work order for equipment that is unsafe and in need of repair.

Immediately: The piece of plywood protruding out approximately 8" from resident #1's bedframe shall be repaired or replaced to prevent potential trip/fall hazards.

SE 12/11/19

Immediately and then at least monthly: A designated staff person shall inspect all canes/enablers currently in use by residents, to ensure they are securely attached to the bed frame in accordance with the manufacturer's instructions. All canes/enablers shall be covered to reduce the risk of limb entrapment. Documentation of inspections shall be kept.

SE 12/11/19

Legal Entity Representative

Signature [Handwritten Signature]

Printed Name and Title: Lori Greer - Administrator 8/30/19 Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12/11/19 (Date) Plan of correction implementation status as of 12/11/19 (Date)

The above plan of correction was approved by SE (Initials) [] Fully Implemented [X] Partially Implemented - Adequate Progress [] Partially Implemented - Inadequate Progress [] Not Implemented

231c - Preadmission Screening

Regulations

2600. 231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the secure dementia care unit on 9/14/18; however, her written cognitive preadmission screening was undated.

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 Preadmission Screen was dated; however, the physician failed to date Part IV: Cognitive Screening. The missing date was completed immediately on the day of inspection June 11, 2019. To prevent future occurrences, the PCHA or designee will review all admission paperwork for thoroughness within two weeks of admission to ensure all information is completed and accurate. Admissions over the next three months will be documented on the attached log to assist with establishing the process.

Legal Entity Representative

Signature Lori Greer

Printed Name and Title Lori Greer-Administrator Date 8/30/19

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