



**MAILING DATE: November 19, 2019**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 3, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is fluid and cursive.

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

**Name:** SHERWOOD RETIREMENT & PERSONAL CARE HOME

**License Number:** 20355

**Address:** 3995 ROUTE 414,, CANTON, PA 17724

**County:** BRADFORD

**Region:** NORTHEAST

## Administrator

**Name:** Karen Sherwood

**Phone:** 5706738961

**Email:** SHERWOODPCH@FRONTIERNET.NET

## Legal Entity

**Name:** SHERWOOD RETIREMENT AND PERSONAL CARE HOME INC

**Address:** 3995 ROUTE 414, CANTON, PA, 17724

## Certificate(s) of Occupancy

**Type:** C-2 LP

**Date:** 03/02/1999

**Issued By:** L&I

## Staffing Hours

**Resident Support Staff:** 0

**Total Daily Staff:** 17

**Waking Staff:** 13

## Inspection

**Type:** Full

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Renewal

## Inspection Dates and Department Representative

10/03/2019 - On-Site: Ryan Yankowy, Amy Deluca

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 27

**Residents Served:** 16

### Secured Dementia Care Unit

**In Home:** No

**Area:**

**Capacity:**

**Residents Served:**

### Hospice

**Current Residents:** 1

### Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 16

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 1

**Have Physical Disability:** 1

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 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.
- 6. Safe management techniques.

Description of Violation

Direct care staff member A hired 5/19/15 did not receive training in meeting the residents needs as per the DME & RASP, care for residents with dementia/cognitive impairment, infection control and safe management techniques for training year 2018.

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.)

Staff person A has completed training in meeting the residents needs per DME and RASP, care for residents with dementia/cognitive impairment, infection control and safe managment techniques. The training was completed using the DHS Direct Care Staff Training Course material. In the future all direct care staff will receive their annual training in topics specified in 65f.

Type text here

Legal Entity Representative

Karen E. Sherwood

Signature

Karen E. Sherwood, Administrator 10/31/19

Printed Name and Title

Date

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

The above plan of correction is approved as of 11-4-19 (Date)

Plan of correction implementation status as of 11-4-19 (Date)

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

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

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperature of the bathroom sink in room 7 was 124° F.

The water temperature of the bathroom sink in room 14 was 125° F.

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 manager, Mike Shaddock, advised our contractor of the violation for water temperature. Contractor, Adam Bastian, is currently committed to another project, but assures us he will be available as soon as possible to address this issue and understands the importance. The Administrator will advise DHS and provide documentation of the results immediately upon completion.

The Administrator spoke to the RLS and will measure bath/shower temps to ensure resident safety until the necessary repairs/adjustments can be made. The home will maintain a temperature log for 4 weeks and submit to the NERO for review. The home will take sporadic readings after that if the 4 week readings are not above 120 degrees. Higher temps will require more work by the plumber for safety and follow up with the NERO. 11-14-19 *ag*

Legal Entity Representative

Karen E. Sherwood

Signature

Karen E. Sherwood, Administrator 10/31/19

Printed Name and Title

Date

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~~11-14-19~~  
(Date)

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~~11-14-19~~  
(Date)

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(Initials)

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- Partially Implemented x Inadequate Progress x
- Not Implemented

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1's humalog quick pen did not include the initials of the staff member who opened the pen.

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 med certified staff are now aware to include their initials as well as the date whenever a new insulin pen is opened. Date and initials are written on a colored sticker that is placed on each new pen.

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Signature

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.
- 6. Dose.

Description of Violation

Resident #1 & 2 receives blood glucose checks before meals with insulin administered on a sliding scale. The resident's medication administration record (MAR) for October did not include the number of units of insulin administered before meals. Also, the resident's sliding scale insulin coverage was not listed on the MAR.

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 MAR for Resident #1 and Resident #2 have been updated to include the sliding scale and the number of units of insulin to be administered before each meal as prescribed.

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening form dated 4/15/19 for resident #3 did not include the level of supervision, mobility needs, or the resident's ability to self-administer medications.

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 overlooked this section when completing the preadmission screening form for Resident #3. I have now completed this section and in the future I will be sure to double check all sections of the screening form before placing it in the residents permanent file.

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227d - Support Plan Medical/Dental

**Regulations**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #3 requires assistance being pushed in her wheelchair when evacuating for emergencies. The support plan dated 4/16/19 states "No plan to address needs necessary" for the mobility needs section. The support plan was not updated to reflect the resident's need for assistance during evacuation.

**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.)

Although Resident #3 can independently transport via wheelchair, her husband or a staff person will assist by pushing her in the wheelchair so that she can evacuate in a safe and timely manner in the event of an emergency. The support plan has been updated to reflect the need for assistance during evacuation.

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