

Department of Human Services
Bureau of Human Service Licensing

January 24, 2022

KAREN SHERWOOD, ADMINISTRATOR
SHERWOOD RETIREMENT AND PERSONAL CARE HOME INC
3995 ROUTE 414
CANTON, PA, 17724

RE: SHERWOOD RETIREMENT &
PERSONAL CARE HOME
3995 ROUTE 414
CANTON, PA, 17724
LICENSE/CO# : 20355

Dear Ms. Karen Sherwood,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *SHERWOOD RETIREMENT & PERSONAL CARE HOME* License #: *20355* License Expiration: *11/15/2022*
Address: *3995 ROUTE 414, CANTON, PA 17724*
County: *BRADFORD* Region: *NORTHEAST*

Administrator

Name: *Karen Sherwood* Phone: *5706738961* Email:
SHERWOODPCH@FRONTIERNET.NET,
sherwoodpch@yahoo.com, lindscott@pa.gov,
mmoskalczy@pa.gov

Legal Entity

Name: *SHERWOOD RETIREMENT AND PERSONAL CARE HOME INC*
Address: *3995 ROUTE 414, CANTON, PA, 17724*
Phone: *5706738961* Email: *SHERWOODPCH@YAHOO.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/02/1999* Issued By: *PA LI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/14/2021*

Inspection Dates and Department Representative

09/14/2021 - On-Site: Corey Pica

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *27* Residents Served: *12*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

09/14/2021 - Full

Lead Inspector: *Corey Pica*Follow-Up Type: *POC Submission*Follow-Up Date: *10/30/2021*

12/13/2021 - POC Submission

Reviewer: *Michele Moskalczyk*Follow-Up Type: *POC Submission*Follow-Up Date: *12/20/2021*

12/21/2021 - POC Submission

Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *12/28/2021*

01/24/2022 - Document Submission

Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's last Quality Management meeting was completed more than 1 year prior on 10/3/2019.

Plan of Correction

Do Not Accept

On 9/18 and 9/19 I spoke with each resident individually to explain the purpose of the Quality Management Plan. Residents were asked if they had questions, concerns, opinions regarding the home's policies, services or personnel that they would like to address. Residents were very generous in expressing their appreciation of our home and staff. There were no issues or concerns to be addressed. In the future the QMP will be reviewed annually to address any issues needing improvement.

Update: 12/13/2021

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-13-2021 MM

Plan of Correction

Accept

In the future the QMP will be reviewed annually by the Administrator to address not only citations from the annual inspection, but to address any areas that may need improvement. The review will be completed each October whether or not there has been a DHS inspection at that time.

Update: 12/21/2021

The administrator shall monitor and be responsible for ongoing compliance. 12-21-2021 MM

Document Submission

Implemented

The Quality Management Plan was completed on 9/19/21.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home has no CPR certified staff working employed at this time. The current staff's certifications ended 8/2020.

Plan of Correction

Do Not Accept

Due to COVID 19 restrictions for face to face trainings I assumed this included CPR training. On 9/21/21 staff completed First Aid/CPR/AED training through a Western Alliance Emergency Services instructor. All direct care staff are now certified through 9/2023. *(Copy of e-cards)

Update: 12/13/2021

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-13-2021 MM

Plan of Correction

Accept

In the future the Administrator will schedule training as required to ensure that at least one staff person who is certified in CPR, first aid and certified in obstructed airway techniques is present in the home at all times. (Copies of e-cards are attached)

63a - First Aid/CPR Training (continued)

Update: 12/21/2021

The administrator shall monitor and be responsible for ongoing compliance.
12-21-2021 MM

Document Submission

Implemented

On 9/21/21 all med certified staff received First aid/CPR/AED training.

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident 1 has an enabler bar on their bed that is not covered posing an entrapment hazard.

Plan of Correction

Do Not Accept

Resident 1 and her son/POA were advised of this violation. On 10/26/21 her son removed the assistive device from his mother's bed and signed a statement to acknowledge that he did so.

In the future an enabler bar used to assist a resident will be covered to prevent an entrapment hazard. *(Signed statement)

Update: 12/13/2021

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-13-2021 MM

Plan of Correction

Accept

On 10/26/21 the resident's son/POA removed the device from the bed and signed a statement to confirm that he did so. In the future the Administrator will assure that any assistive device to be used by a resident meets the requirements as described in this regulation. (POA statement is attached)

Document Submission

Implemented

The assistive device was removed from Resident 1 bed on 10/26/21.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 3 has a physician order to receive 8 units of insulin when their BS is between 151-200. On 9/6/2021 at 4pm, their BS was documented as 163 but they only received 6 units of insulin.

Plan of Correction

Do Not Accept

All med certified staff were advised of this medication error. To ensure this error does not occur in the future staff are instructed to double check each other for insulin administration (documented BS and the prescribed units plus sliding scale) and the Administrator will check the log daily. The resident and POA were advised of the error. The PCP was advised by letter and requested to respond with comments, remarks or suggestions relating to this error. *(Letter signed by PCP)

187d - Follow Prescriber's Orders (continued)

Update: 12/13/2021

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-13-2021 MM

Plan of Correction

Accept

To prevent an error in the future the Administrator instructed staff to double check each other to confirm accuracy prior to an insulin administration. The insulin administration logs are checked daily by the Administrator. (Resident 3 PCP letter dated 9/24/21 is attached)

Update: 12/21/2021

Please send/Attach proof of staff training.

The administrator shall monitor weekly X's 3 months and be responsible for ongoing compliance. 12-21-2021 MM

Document Submission

Implemented

On September 21, 2021, all med certified staff received diabetes training from a UPMC Susquehanna instructor.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1 was admitted to the home on 8/10/2021. As of 9/14/2021, a Resident Assessment Plan has not been completed.

Plan of Correction

Do Not Accept

Simply short-staffed and lack of office time. On 9/18/21 a staff member worked over-time to allow me the opportunity to complete the entire RASP which was reviewed and signed by the resident that day. In the future the assessment will be completed within the designated time frame.

Update: 12/13/2021

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-13-2021 MM

Plan of Correction

Accept

Using the Department's assessment form, the Administrator completed the assessment for Resident 1 on 9/18/21. In the future the Administrator or a designee will complete the assessment within 15 days of admission as required.

Document Submission

Implemented

The assessment for Resident 1 was completed on 9/18/21.

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

227a - Support Plan 30 Days (continued)

Description of Violation

Resident 1 was admitted to the home on 8/10/2021. As of 9/14/2021, a Resident Support Plan has not been completed.

Plan of Correction

Do Not Accept

On 9/18/21 the entire RASP was completed. The RASP was reviewed with the resident and signed. In the future the support plan will also be completed within the designated time frame. The RASP has been placed in the resident's permanent file.

Update: 12/13/2021

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-13-2021 MM

Plan of Correction

Accept

The Administrator completed Resident 1 support plan on 9/18/21 on the Department's support plan form. In the future the Administrator will develop and implement a support plan within 30 days of admission to the home. A color sticker with the annual due date of the RASP is placed on the resident's file as a reminder.

Document Submission

Implemented

The support plan for Resident 1 was completed on 9/18/21.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The record for Resident 1 does not have a photograph of the resident.

Plan of Correction

Do Not Accept

A staff member has shown me how to download photos to the computer. I am now able to print, copy and paste the photo to the profile page. In the future a photo that is not more than 2 years old will be included on the resident's profile page.

*(Resident 1 profile page)

Update: 12/13/2021

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-13-2021 MM

Plan of Correction

Accept

On 10/25/21 the Administrator added Resident 1 photo to her file. In the future the Administrator or designee will secure a photo upon admission and the photo will be updated every 2 years as required. (Copy of Resident 1 photo/profile page is attached)

Document Submission

Implemented

The photo for Resident 1 profile page was completed on 10/25/21.

187a - Medication Record

1. Requirements

2600.

187a - Medication Record (continued)

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

Description of Violation

Resident 2 received their PRN medication of Tylenol on 9/9/2021 but the MAR did not document the effectiveness of the medication. Repeat violation from 10/3/2019.

Plan of Correction**Do Not Accept**

Effective 9/14/21 whenever a resident requests a PRN medication (such as Tylenol) staff are instructed to check back with them to determine whether or not the medication had been effective. The inspector suggested that a plus or minus sign could be used to show the effectiveness of the medication and this is now being used in the MAR.

Update: 12/13/2021

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-13-2021 MM

Plan of Correction**Accept**

On 9/14/21 the Administrator instructed all med certified staff regarding the use of the plus/minus sign. The appropriate sign is now entered on the MAR after a PRN medication is administered to alert staff of the effectiveness of the medication.

Update: 12/21/2021

The administrator shall monitor weekly X's 3 months and be responsible for ongoing compliance. 12-21-2021 MM

Document Submission**Implemented**

The use of the plus/minus sign was initiated on 9/14/21.

Department of Human Services
Bureau of Human Service Licensing
PRIVACY CODING

Facility Information

Name: *SHERWOOD RETIREMENT & PERSONAL CARE HOME* License #: *20355* License Expiration: *11/15/2022*
Address: *3995 ROUTE 414, CANTON, PA 17724*

Inspection Information

Start Date: *09/14/2021* Type: *Full*

Staff Privacy Coding

<u>Designation</u>	<u>Staff Members Name</u>	<u>Job Title</u>	<u>Date Hired</u>
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Resident Privacy Coding

<u>Designation</u>	<u>Resident's Name</u>	
		<i>Resident 1</i>
<i>Mary Jane Cease</i>		<i>Resident 2</i>
<i>Charlotte Tillotson</i>		<i>Resident 3</i>
<i>Lewis Howell</i>		

**RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE
APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE
THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED**

TYPE OR USE PEN, SIGN AND RETURN		2081060216
IDENTIFICATION		
1. NAME OF AGENCY/FACILITY SHERWOOD RETIREMENT & PERSONAL CARE HOME		TELEPHONE NUMBER (570) 673-8961
FACILITY ADDRESS 3995 ROUTE 414, CANTON 17724	E-MAIL FOR FACILITY (NOT the WEB site URL) SHERWOODPCH@YAHOO.COM	3. COUNTY BRADFORD
2. NAME OF LEGAL ENTITY SHERWOOD RETIREMENT AND PERSONAL CARE HOME INC		TELEPHONE NUMBER 570-673-8961
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) 3995 ROUTE 414 CANTON PA 17724	E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) SHERWOODPCH@YAHOO.COM	4. DATE CERTIFICATE EXPIRES 11/15/2021
5. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE Karen E. Sherwood Owner/Administrator		5. CERTIFICATE NUMBER 203550
7. TYPE OF SERVICE PROVIDED PERSONAL CARE HOMES ✓ # 6192 \$20.-		FEIN OR SSN 23-2956763
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) 27		
9. TYPE OF OPERATION <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER	
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO		
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA C.S. 5713) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO		

RECEIVED

AUG 03 2021

Human Services Licensing

DECLARATION

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

Karen E. Sherwood <small>NAME (Type or Print)</small>	 <small>SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE (Where the legal entity is a corporation, the signature must be of a corporate officer.)</small>
Owner / Administrator <small>TITLE</small>	7-30-2021 <small>DATE</small>