

Department of Human Services
Bureau of Human Service Licensing

March 14, 2022

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]
[REDACTED]

RE: SHERWOOD OAKS
100 & 500 NORMAN DRIVE
CRANBERRY TOWNSHIP, PA, 16066
LICENSE/COC#: 45776

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SHERWOOD OAKS* License #: *45776* License Expiration: *12/08/2022*
 Address: *100 & 500 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066*
 County: *BUTLER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: <i>R-3</i>	Date: <i>01/19/2021</i>	Issued By: <i>Cranberry Twp</i>
Type: <i>I-2</i>	Date: <i>08/10/2010</i>	Issued By: <i>Cranberry Twp</i>
Type: <i>Other</i>	Date: <i>09/01/2015</i>	Issued By: <i>Cranberry Twp</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/22/2021*

Inspection Dates and Department Representative

10/22/2021 - [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *77* Residents Served: *65*

Secured Dementia Care Unit

In Home: *Yes* Area: *Oak Grove* Capacity: *30* Residents Served: *29*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>65</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>29</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

10/22/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/02/2021*

Inspections / Reviews (*continued*)

12/17/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *12/24/2021*

01/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/20/2022*

03/14/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

The bed enabler attached to resident #1's bed was not securely fastened and moved approximately 3' from left to right, posing a potential fall hazard.

The bed enabler attached to resident #2's bed was not securely fastened and moved approximately 10" in each direction, posing a potential fall hazard.

Plan of Correction

Directed

The enabler in question was securely tightened to the bed the day of inspection (10/22/2021) by our maintenance department.

Our maintenance department will do an inspection of each enabler in use on a monthly basis and keep documentation of their checks.

The PCHA will meet with the Director of Rehab Services by 1/31/22 to review possible alternatives to the the current enabler in use in an effort to find a more secure device.

By February 15, 2022, all employees will be educated on the safe attachment and monitoring of bed enablers. We will keep documentation of this education that will include actions to take to address any safety concerns identified. (Directed) By January 20, 2022, all staff will be educated on the safe attachment and monitoring of bed enablers. Documentation of this education will be submitted to the Department. (AD 1/6/21)

(Directed)

By January 20, 2022, staff persons will monitor the home daily, during regular assigned duties, to ensure all enablers used by residents are in good repair and free of hazards, including being tightly secured to the bed, and report safety concerns immediately. Documentation will be submitted to the Department.

(AD 1/6/21)

Completion Date: 01/20/2022

Document Submission

Implemented

Staff education & audits attached.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:00 a.m., there was a 1/3 full, uncovered garbage can under the sink in the country kitchen.

At 10:05 a.m., there was uncovered, plastic gallon container filled with discarded food, sitting on a food cart in the country kitchen.

At 10:07 a.m., there was an uncovered black Slim Jim garbage can in the country kitchen.

85d - Trash Receptacles (continued)

Plan of Correction

Directed

The trash can under the sink was removed immediately on 10/22/2021. A new can was purchased with lid and foot pedal and has since been placed under the sink.

The Slim Jim can was actually missing one flap on the lid and we immediately replaced the lid on 10/22/2021 as we had one in storage.

The container for discarded food was immediately removed on 10/22/2021. New containers with lids were ordered and have since been replaced.

By February 15, 2022, employees will be educated by PCHA on covers needed for trash receptacles. Documentation will be kept of this education. **(Directed) By January 20, 2022, employees will be educated on 2600.85d.**

Documentation will be submitted to the Department. (AD 1/6/22)

The PCHA (or designee) will audit the containers every two weeks for the next three months to ensure maintained compliance. Documentation will be kept of the audits.

Completion Date: 01/20/2022

Document Submission

Implemented

Staff education and audits attached.

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The home's 4 dumpsters, which contained trash and were located next to the maintenance building, did not have lids.

Plan of Correction

Accept

The dumpsters are located across campus and not near any habitable buildings. On 10/22/2021, four dumpster lids were ordered. The lids have since arrived and cover the dumpsters.

Our maintenance/grounds departments will monitor the lids to ensure they do not blow off and maintain cover over each dumpster. They will complete a monthly check of the lids through February 2022. Documentation will be kept of these inspections.

Completion Date: 02/28/2022

Document Submission

Implemented

Dumpster lids monitored and audits attached.

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At approximately 11:45 a.m., there were (2) 2.5 gallon containers of ice cream stored on the walk-in freezer floor.

103d - Storing Food Off Floor (continued)

Plan of Correction

Directed

On 10/22/2021, we immediately moved the 3-gallon tubs of ice cream from the floor to the shelving unit – these had just arrived with a delivery and were in the process of being unpacked onto shelves.

The director of dining services (or designee) will conduct random audits of the food storage room for the main kitchen once a week for three months to ensure a pattern of compliance has been established.

The PCHA and/or Dining Services Director will complete documented staff education by February 15, 2022 that no food is to be stored on the floor and required actions if this violation is observed. (Directed) By January 20, 2022 staff will be trained on 2600.103d. Documentation will be submitted to the Department. (AD 1/6/22)

Completion Date: 01/20/2022

Document Submission

Implemented

Staff education and audits completed and attached.

133.3 - Exit Signs Letter Size

1. Requirements

2600.

133.3. Exit Signs - The following requirements apply for a home serving nine or more residents: Exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

Description of Violation

The letters on the exit sign hanging to the right of stairwell D's emergency exit door are only 3/4" x 3/4". The home currently serves 65 residents.

Plan of Correction

Accept

This exit sign was original with the construction of the building and overlooked by all previous inspections.

A work order was entered on 10/22/2021 for our maintenance department to install a new EXIT sign. The work was completed on 11/3/2021.

Our maintenance department will do a monthly check of exit signs and keep documentation of these inspections.

Completion Date: 11/03/2021

Document Submission

Implemented

Work order audits attached.

184a - Labeling OTC/CAM

1. Requirements

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.

Description of Violation

Resident #2 is prescribed [redacted] as needed; however, the pharmacy label indicates-Take 1 tablet by mouth every 6 hours as needed.

184a - Labeling OTC/CAM (continued)

Resident #2 is prescribed [REDACTED] before breakfast; however the medication does not have a pharmacy label.

Plan of Correction

Directed

The inspector was present on 10/22/2021 when a "direction change" sticker was placed on the [REDACTED]

The [REDACTED] was also changed immediately on 10/22/2021 with a label placed on the insulin pen and instructions also put inside resident's insulin/accucheck container.

A nurse, or designee, will complete a documented monthly audit for three months of our insulin pens plus medications of five random residents to ensure orders and labels match.

The PCHA and/or Care Manager will document by February 15, 2022 education provided to all nurses and med techs about prescription medication labeling. **(Directed)** By January 20, 2022, all staff persons will be educated that the original container for prescription medications shall be labeled with a pharmacy label in accordance with regulation 2600.184a. Documentation of the training will be kept. **(AD 1/6/22)**

Completion Date: 01/20/2022

Document Submission

Implemented

Staff education completed and attached.

Medication audits completed and attached.