

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

December 12, 2023

[REDACTED]  
PITTSBURGH LIFETIME CARE COMMUNITY  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/11/2023, 10/12/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: SHERWOOD OAKS License #: 45776 License Expiration: 12/08/2023  
 Address: 100 & 500 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066  
 County: BUTLER Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: PITTSBURGH LIFETIME CARE COMMUNITY  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 87 Waking Staff: 65

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/12/2023

**Inspection Dates and Department Representative**

10/11/2023 - On-Site: [REDACTED]  
 10/12/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 77 Residents Served: 57  
 Secured Dementia Care Unit  
 In Home: Yes Area: 3 Capacity: 30 Residents Served: 30  
 Hospice  
 Current Residents: [REDACTED]  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: [REDACTED]  
 Have Mobility Need: 30 Have Physical Disability: 0

**Inspections / Reviews**

10/11/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/30/2023

10/31/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/12/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/01/2023

Inspections / Reviews (*continued*)

12/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], at [REDACTED] there were two black packages of pre pureed foods on the floor of the walk-in freezer located in the home's kitchen. One of the packages was partially unsealed.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

Sherwood Oaks consistently has positive inspections by the Department of Health and works diligently to ensure we are maintaining a safe and healthy environment for preparation, serving and storage of food for ongoing resident safety.

Although a thorough inspection of the kitchen yielded very few issues on [REDACTED], the two packaged items in question were identified during the busy lunch preparation period when many carts were being loaded.

The Director of Dining Services was walking through the kitchen with the inspector on [REDACTED] and when these packages were found, the director immediately picked up the two items and discarded them.

The PCHA provided education to the Director of Dining Services and food services management team on [REDACTED] about regulation 85a and the necessity of consistent sanitary conditions within the kitchen areas. This education was documented and will be reviewed as a dining services staff meeting agenda (documentation) by the Director of Dining Services no later than [REDACTED].

The Director of Dining Services or designee will complete daily audits of the kitchen and walk in coolers for a period of thirty days beginning [REDACTED] and ending [REDACTED]. This will provide the opportunity to reinforce staff education and identify any patterns that need addressed to ensure sanitary conditions are maintained consistently. Documentation of these daily audits will be kept for verification.

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 12/12/2023)

85e - Trash Outside Home

2. 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

On [REDACTED], at [REDACTED] the right lid of the furthest right dumpster located at the grounds department of the home's complex was pushed into and against the rear inside wall of the dumpster presenting an opening of approximately 2.5 by 4 feet in size. The dumpster was full of refuse.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

Sherwood Oaks understands the importance of sanitary conditions and therefore our garbage dumpsters are positioned across campus away from the main residential building.

All dumpsters were covered on [REDACTED] and the one identified had a lid dented by the pick-up company. The pick-up is done by an outside company and not managed by a Sherwood Oaks employee.

Our ground supervisor and maintenance manager immediately fixed the dented lid on [REDACTED]. Picture obtained of the receptacle now completely covered.

85e - Trash Outside Home (continued)

The Sherwood Oaks grounds supervisor will take responsibility for monitoring the dumpsters to ensure each one is fully covered with a lid on a consistent basis. The grounds supervisor and his immediate supervisor, the maintenance manager, were both educated on [REDACTED] by the PCHA about regulation 85e and benefit of the sanitary conditions across the campus. Documentation of this education was obtained.

To develop a routine of a Sherwood Oaks employee consistently monitoring and checking the dumpster lids and taking immediate action to correct any needed work, the grounds supervisor and/or maintenance manager will complete weekly checks of each dumpster to ensure a lid is securely in place covering the entire receptacle. These checks will begin [REDACTED] to be completed and documented with an ending date of [REDACTED].

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 12/12/2023)

86b - Bathroom

3. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The continuous air draw vent in the private bathroom located in resident room [REDACTED] was not operational. There was no window in the bathroom.

The continuous air draw vent in the private bathroom located in resident room [REDACTED] was not operational. There was no window in the bathroom.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

Room [REDACTED] has a window and not subject to this violation. Therefore, we disagree with the second room being identified in this violation report. All Sherwood Oaks personal care rooms are equipped with a window and/or ventilation fan to provide a safe and healthy environment for our residents.

The fan in room [REDACTED] was not drawing air into the vent upon inspection on [REDACTED]. The fan in room [REDACTED] was rewired and repaired on [REDACTED] by a Sherwood Oaks maintenance team member.

The maintenance team had not recently completed preventative maintenance inspections of the 42 bathrooms under our personal care license that do not have a window.

On [REDACTED] the PCHA completed education with the two maintenance supervisors to reinforce the requirements of regulation 86b and establish the inspection schedule for the remaining rooms. The education and inspection schedule have been documented.

The Sherwood Oaks maintenance team will complete 20 bathroom fan inspections in [REDACTED] and the remaining 20 bathroom fan inspections in [REDACTED]. Documentation of all inspections will be completed by [REDACTED] and will be maintained in our work order system.

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 12/12/2023)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident#1 residing in resident room [redacted] did not have access to a bedside source of light.

Plan of Correction

Accept [redacted] - 10/31/2023)

Residents and their responsible parties are informed about the operable light source upon move in and educated about the safety consequences.

The resident in room [redacted] has a light switch on the wall directly behind [redacted] headboard; however, the height of the headboard caused interference with easily reaching the switch. The family had replaced the headboard for the resident after move in and the light placement was not revisited.

The nurse supervisor immediately on [redacted] placed a lamp on the nightstand in room [redacted] so the resident could easily operate the light switch from bed.

The administrator will provide an educational review in the staff's November newsletter completed by [redacted]

The PCHA or designee will complete random audits of bedside laps in our 72 private rooms beginning [redacted] and ending [redacted] and correct any needs immediately. Documentation of the audits will be completed.

Licensee's Proposed Overall Completion Date:

Implemented [redacted] - 12/12/2023)

103g - Storing Food

5. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [redacted], at [redacted] there was a stainless-steel tray of partially covered shredded Swiss cheese in the walk-in refrigerator located in the home's kitchen.

On [redacted], at [redacted], there was a stainless-steel tray of partially covered tilapia in the walk-in refrigerator located in the home's kitchen.

Plan of Correction

Accept [redacted] - 10/31/2023)

Sherwood Oaks consistently has positive inspections by the Department of Health and works diligently to ensure we are maintaining a safe and healthy environment for preparation, serving and storage of food for ongoing resident safety.

Although a thorough inspection of the kitchen yielded very few concerns on [redacted], the food items noted as partially covered were indeed covered; however, the seal did not completely cover the edges.

The Director of Dining Services was walking through the kitchen with the inspector on [redacted], and when these food items did not have a tight seal at the edges, the director immediately secured the covering over the edges.

The PCHA provided education to the Director of Dining Services and the food services management staff on [redacted] about regulation 85a and the necessity of consistent sanitary conditions within the kitchen areas. This

103g - Storing Food (continued)

education was documented and will be reviewed as a dining services staff meeting agenda item (documentation) by [REDACTED].  
The Director of Dining Services or designee will complete daily audits of the kitchen and walk in coolers for a period of thirty days beginning [REDACTED] and ending [REDACTED]. This will provide the opportunity to reinforce staff education and identify any patterns that need addressed to ensure sanitary conditions are maintained consistently. Documentation of these daily audits will be kept for verification.

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 12/12/2023)

184a - Resident's Meds Labeled

6. Requirements

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 is prescribed [REDACTED] by mouth at bedtime. However, the medication's pharmacy label indicated take [REDACTED] by mouth daily at bedtime.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

Sherwood Oaks employs nurses in our secure dementia care unit to closely monitor medications to ensure resident safety and consistent medication distribution.

The medication in question at [REDACTED] for resident #1 was discontinued on [REDACTED] at which time the nurse on duty removed the medication from the med cart and destroyed it.

The nurse care manager or designee will complete random audits of the Oak Grove Center medication carts to ensure medications and prescription orders are accurately matched.

Medication cart audits will be completed twice a week by the nurse care manager or designee for two months beginning [REDACTED] and ending [REDACTED] to reconcile medication orders and actual medications on hand. Documentation of the audits will be completed.

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 12/12/2023)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED]  
[REDACTED] however, the resident was administered [REDACTED]

187d - Follow Prescriber's Orders (continued)

**Plan of Correction**

**Accept** [REDACTED] - 10/31/2023)

*Sherwood Oaks employs nurses in our secure dementia care unit to closely monitor medications to ensure resident safety and consistent medication distribution.*

*The medication described for resident #2 was administered as prescribed by the physician. The resident gets [REDACTED] [REDACTED] as a standard order and required an additional [REDACTED] on the indicated date and time per the physician's order on a sliding scale. The nurse documented both orders combined appearing as too much [REDACTED] was provided; however, the two separate orders were administered as prescribed.*

*The nurse who distributed this medication was provided education (documented) by the PCHA on [REDACTED]. The same day the nurse completed a note on the resident's chart clarifying that the number of units on the medication administration record (MAR) was documented incorrectly but administered according to the physician orders.*

*The nurse care manager or designee will complete random audits of the Oak Grove Center MARs to ensure administration and documentation of resident medication is completed accurately.*

*MAR audits will be completed twice a week by the nurse care manager or designee for two months beginning [REDACTED] and ending [REDACTED] to monitor for any errors or identified patterns. Documentation of the audits will be completed.*

**Licensee's Proposed Overall Completion Date:**

**Implemented** [REDACTED] - 12/12/2023)