

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

February 26, 2025

[REDACTED], SENIOR DIRECTOR  
PITTSBURGH LIFETIME CARE COMMUNITY  
100 NORMAN DRIVE  
CRANBERRY TOWNSHIP, PA, 16066

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 10/28/2024 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: 12/08/2024  
 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: 100 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA, 16066  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 10/28/1982 Issued By: Dept L & I  
 Type: I-2 Date: 08/10/2010 Issued By: Cranberry Twp

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/28/2024

**Inspection Dates and Department Representative**

10/28/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 77 Residents Served: 58  
 Secured Dementia Care Unit  
 In Home: Yes Area: Oak Grove Capacity: 30 Residents Served: 30  
 Hospice  
 Current Residents: 3  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 30 Have Physical Disability: 0

**Inspections / Reviews**

10/28/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/09/2024

11/12/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/07/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/31/2025

Inspections / Reviews *(continued)*

02/26/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED] provided unsupervised ADL services, on multiple dates, to include 10/22/24, 10/23/24, and 10/24/24 from 11:00 p.m. to 7:00 a.m.; however, did not successfully complete the Department-approved direct care training course, nor passed the competency test.

Plan of Correction

Accept ( [REDACTED] - 11/12/2024)

Staff person A has been an employee of Sherwood Oaks since [REDACTED] and transferred to Personal Care in [REDACTED]. Staff person A was provided instruction by their supervisor on October 28, 2024 of the training oversight and required completion of the course. Staff person A successfully completed the Department-approved direct care training course on November 3, 2024. Certificate attached for verification.

The administrator (PCHA) will review each new hire orientation file for the completed Department-approved direct care training certificate when applicable. The Department-approved direct care training course will be completed during their orientation and prior to providing any unsupervised ADL services. The administrator will keep written documentation of the verification audits from November 1, 2024 through January 31, 2025.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented ( [REDACTED] - 02/26/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 11:45 a.m. the "soiled utility room" door, on the second floor in the secured dementia care unit, was wide open and the following were unlocked, accessible, and unattended:

Three aerosol cans, partially full, contained disinfecting spray with a manufacturers label indicating to call poison control or doctor for further treatment.

One quart bottle, half full, contained Banish Urinal and Toilet Cleaner (Hydrochloric Acid) with a manufacturers label indicating "Causes severe skin burns and eye damage. Harmful if inhaled. Harmful if swallowed. May be corrosive to metals."

Not all residents residing in the secure dementia care unit were assessed to be safe around poisonous and hazardous materials.

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept ( [redacted] - 11/12/2024)

The door to the soiled utility room was pulled shut immediately by the administrator upon discovery of being open and unsupervised on October 28, 2024 at 11:45am. On October 28, 2024 our maintenance department removed the magnet that was identified as keeping the door ajar. The work order is attached.

All staff on this unit will be educated by the PCHA by November 30, 2024 regarding regulation 2600.82.c.

Documentation of the training will be maintained by the administrator.

The administrator will do random rounding on the unit to verify application of the provided education regarding poisonous materials. Documentation of random days of the week and times of the day will be documented by the administrator between November 1, 2024 and will conclude January 31, 2025 pending consistent compliance.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented ( [redacted] - 02/26/2025)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's medical evaluation was completed on [redacted]; however, another medical evaluation was not completed until [redacted].

Plan of Correction

Accept ( [redacted] - 11/12/2024)

This resident was seen by their physician between the identified dates - June [redacted] By November 15, 2024, the PCHA will do a review of scheduled DMEs on this unit to ensure those due in the past 90 days were within compliance. Documentation of the audit will be maintained by the administrator.

The PCHA will follow up on DMEs due on this unit between November 1, 2024 and January 31, 2024 to verify compliance. Documentation of these reviews will be maintained by the PCHA.

Education about 2600.141.b.1 requirements will be reviewed by the PCHA with our nurses by November 30, 2024.

Documentation of the education will be maintained by the PCHA.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented ( [redacted] - 02/26/2025)

233c - Key-Locking Devices

4. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

There was no code visible for the locking mechanism for the gate leading out of the "outside garden".

There was no code posted for the leading from the "outside garden" on the first floor into the dining room of the first

**233c - Key-Locking Devices (continued)**

*floor secured dementia care unit.*

**Plan of Correction****Accept ( [REDACTED] - 11/12/2024)**

*The codes posted outside had faded in the weather elements. On October 29, 2024, the codes were laminated and posted by the PCHA at the two identified locations. Also on October 29, 2024, the PCHA checked the other outdoor locations to ensure the codes were posted and visible. Documentation of the audit attached.*

*The PCHA will check the outdoor posted codes twice a month between November 1, 2024 and January 31, 2025 to ensure the codes remain intact and visible. Documentation of these audits will be maintained by the PCHA.*

**Licensee's Proposed Overall Completion Date: 01/31/2025**

**Implemented ( [REDACTED] - 02/26/2025)**