

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

February 18, 2025

[REDACTED], 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/COC#: 20355

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2025 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 RETIREMENT & PERSONAL CARE HOME* License #: *20355* License Expiration: *11/15/2024*  
 Address: *3995 ROUTE 414, CANTON, PA 17724*  
 County: *BRADFORD* Region: *NORTHEAST*

## Administrator

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

## Legal Entity

Name: *SHERWOOD RETIREMENT AND PERSONAL CARE HOME INC*  
 Address: *3995 ROUTE 414, CANTON, PA, 17724*  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/02/1999* Issued By: *L & I*

## 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: *01/22/2025*

## Inspection Dates and Department Representative

01/22/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *16* Residents Served: *13*

## 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: *13*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

## 01/22/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/16/2025*

Inspections / Reviews *(continued)*

02/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/17/2025

02/18/2025 - Document Submission

Submitted By: [REDACTED] od

Date Submitted: 02/16/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*On 1/22/25, at approximately 11:30 am, the Licensing Representative observed that the home did not have the Influenza Awareness Act poster posted in the facility.*

#### Plan of Correction

*Accept (█ - 02/10/2025)*

*I have printed off a copy of the Influenza Awareness Act poster from the DHS website under provider resources. The poster is now posted in the foyer at the main entrance of the home.*

**Licensee's Proposed Overall Completion Date:** 02/09/2025

*Implemented (█ - 02/18/2025)*