STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395549	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sherwood Oaks	100 Norman Drive Cranberry Township, PA 16066

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical and facility record review, facility provided documents, and staff interviews, it was determined that the facility failed to provide adequate supervision for one resident resulting in elopement (resident exits to an unsupervised and unauthorized location without staff's knowledge). This failure created an immediate jeopardy situation for one of seven residents (Resident R1) identified as having a high risk for wandering. Findings include: Review of the facility policy Skilled Nursing-Elopement and Wandering Policy dated 2/7/25, indicated this community ensures that residents who exhibit wandering behavior and/or are at risk for elopement receive adequate supervision to prevent accidents, and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk. The community is equipped with door locks/alarms/wander management systems to help avoid elopements. Alarms are not a replacement for necessary supervision. Team members are to be vigilant in responding to alarms in a timely manner. The community shall establish and utilize a systematic approach to identifying, monitoring and managing residents at risk for elopement or unsafe wandering, including assessment of risk. Review of the facility policy Skilled Nursing-Comprehensive Care Plans dated 2/7/25, indicated assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change. Review of the admission record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS- a periodic assessment of care needs) dated 6/3/25, indicated the diagnoses of altered mental status, encephalitis (inflammation of the brain), and unspecified lack of coordination. Section C0500 the Brief Interview for Mental Status (BIMS - is a screening test that aids in detecting cognitive impairment) indicated a score of three - severe cognitive impairment. Section GG0170 Mobility indicated Section I walk ten feet required partial to moderate assistance. Review of Resident R1's Elopement evaluation, upon admission, dated 5/30/25, at 9:37 p.m. indicated the following:-History of elopement while at home: No.-Does the resident have a history of elopement or attempted leaving the facility without informing staff: No.-Has the resident verbally expressed the desire to go home, packed belongings to go home or stayed near an exit door: No.-Does the resident wander: No.-Is the wandering behavior a pattern, goal directed: Blank.-Does the resident wander aimlessly or non-goal directed: Blank.-Is the resident's wandering behavior likely to affect the safety or well-being of self/others: No.-Is the resident's wandering behavior likely to affect the privacy of others: No.-Has the resident been recently admitted or re-admitted (within the past 30 days) and is not accepting the situation: No.-Score of one or higher indicates risk of elopement-Risk for wandering/elopement identified: blank. Review of Resident R1's Elopement evaluation, dated 6/5/25, at 11:10 a.m. indicated the following:-History of elopement while at home: No.-Does the resident have a history of elopement or attempted leaving the facility without informing staff: No.-Has the resident verbally expressed the desire to go home, packed belongings to go home or stayed near an exit door: No.-Does the resident wander: Yes.-Is the wandering behavior a pattern, goal directed: Yes.-Does the resident wander aimlessly or non-goal directed: Yes.-Is the resident's wandering behavior likely to affect the safety or well-being of self/others: Yes.-Is the resident's wandering behavior likely to affect the privacy of others: Yes.-Has the resident been recently admitted or re-admitted (within the past 30 days) and is not accepting the situation: Yes.-Score of one or higher indicates risk of elopement-Risk for wandering/elopement identified: blank. Review of Resident R1's physician orders dated 6/5/25, indicated wander guard check function every shift. Wander guard check placement every shift - placement right lower leg. Review of Resident R1's care plan dated 6/25/25, (twenty days later) indicated the resident is at risk for wandering/elopement per wander risk assessment. Goal - the resident's safety will be maintained. Interventions - engage resident in purposeful activity. Provide care in a calm and reassuring manner. Provide clear, simple instructions. Provide reorientation to surroundings and environment. The resident is at risk of disorientation while on skilled due to being an independent living resident of the community prior to skilled admission. The resident is reoriented to skilled as the current living arrangement and updated on the situation. Review of Resident R1's progress notes indicated the following:-6/5/25, at 11:22 a.m. Resident wandering in the hall looking for the exit to the main building. Resident stated they were looking for the place where all the people and activity took place. Resident was not able to be redirected. Resident not able to answer questions appropriately. Elopement assessment was completed and a wander guard placed on the left ankle -6/5/25, at 3:01 p.m. resident has confusion to the level of reality. Resident is not on the same level

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on a review of job descriptions, facility and clinical records, and staff interviews, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON) did not effectively manage the facility to make certain that proper supervision was provided for residents at high risk for elopement as required, resulting in a resident elopement creating an immediate jeopardy situation.Findings include:The job description for the NHA specified the primary purpose of the job position is to manage the Facility in accordance with current applicable federal, state, and local standards, guidelines, and regulations that govern long-term care facilities. To follow all facility policies and apply them uniformly to all employees. To ensure the highest degree of quality care is provided to our residents at all times.The job description for the Director of Nursing specified the primary purpose of the job position was to plan, organize, develop, and direct the overall operation of the nursing service department in accordance with current federal, state and local standards, guidelines and regulations that govern the facility to ensure that the highest degree of quality of care is maintained at all times. Based on the findings in this report that identified that the facility failed to effectively manage the facility to make certain that proper supervision was provided for residents at high risk for elopement as required, resulting in a resident elopement creating an immediate jeopardy situation. The facility failed to provide fundamental principal that apply to treatment and care provided to facility residents. The facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, and facility policies. 28 Pa Code 201.14(a) Responsibility of licensee.28 Pa Code 201. 18(b)(1)(e)(1) Management.