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	02/19/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review, observation, and staff interviews, it was determined that the facility failed to follow enhanced barrier precautions during high contact activities and failed to follow hand hygiene procedures during a dressing change for one of two residents (Resident R6).Findings include: Review of the facility policy Enhanced Barrier Precautions (EBP) Policy last reviewed 3/3/25, indicated team members are required to use gown and gloves during high-contact resident care activities that might result in transfer of Multi Drug Resistant Organisms (MDROs) to staff hands and clothing. Examples of high contact resident care activities requiring a gown and gloves for EBP include transfers. EBP should be in place for the resident's entire stay in the community unless the wound closes. Review of the facility policy Handwashing/Hand hygiene last reviewed 3/3/25, indicated the facility considers hand hygiene the primary means to prevent the spread of infections. For washing hands, vigorously lather hands with soap and water and rub them together, creating friction, for a minimum of 20 seconds (or longer) under a moderate stream of running water, at a comfortable temperature. Dry hands thoroughly with paper towels and then turn off faucets with a clean, dry towel. Review of the clinical record indicated Resident R6 was admitted to the facility on [DATE], with diagnoses of hypertension (high blood pressure), muscle wasting and atrophy, and Parkinson's Disease (a brain condition that causes problems with movement, mental health, sleep, pain and other health issues). Review of Resident R6's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/3/26, revealed the diagnoses were current. Review of Resident R6's physician order dated 2/13/26, indicated to cleanse the left heel wound with normal saline solution (wound cleanser), pat dry, apply veris dressing (an advanced wound care product that combines collagen and Manuka honey) to wound bed. Cover with abdomen and wrap and Kling every day. Review of Resident R6's physician order dated 2/17/26, indicated to implement Enhanced Barrier Precautions. During an observation on 2/18/26, at 7:40 a.m. the Director of Nursing (DON) and Registered Nurse (RN), Employee E1 failed to implement Enhanced Barrier Precautions to transfer Resident R6 from the wheelchair to recliner in his room. During an observation of Resident R6's wound dressing change on 2/18/26, at 7:43 a.m. RN, Employee E1 failed to follow proper hand hygiene procedures for seven of seven opportunities. RN, Employee E1 failed to ensure handwashing was completed for a minimum of 20 seconds. RN, Employee E1 failed to turn off faucets with a clean, dry paper towel for two of seven occasions. During an interview on 2/18/26, at 8:00 a.m. RN, Employee E1 and the DON confirmed the facility failed to follow enhanced barrier precautions during transfers and failed to follow hand hygiene procedures during a dressing change for one of two residents (Resident R6). 28 Pa. Code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1)(e)(1) Management. 28 Pa. Code: 211.10 (d) Resident care policies. 28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services.

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