

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395549	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/05/2024
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NAME OF PROVIDER OR SUPPLIER: SHERWOOD OAKS STATE LICENSE NUMBER: 197002	STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066
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F 0000	INITIAL COMMENT	F 0000		
F 0725 SS=E	Based on an Abbreviated Survey in response to one complaint, completed on December 5, 2024, it was determined that Sherwood Oakes was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0725		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0725 SS=E	Continued from page 1 483.35(a)(1)(2) Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:	F 0725	F725 The facility submits this plan of correction under procedures established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges are deficient under State and Federal regulations relating to long term care. This plan of correction should not be construed as either a waiver of the Facility's right to appeal and to challenge the accuracy or severity of the alleged deficiencies or an admission of past or ongoing violations of State and Federal regulatory requirements. Residents will be educated on the grievance process, expectations for call bell response times, and the opportunity to share their concerns regarding staffing and call bell response times with the facility leadership anonymously, verbally, and /or in writing through resident council meetings. R2, R4, R5, R6, R7, and R8 will be interviewed to	Completion Date: 01/14/2025 Status: APPROVED Date: 12/19/2024

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F 0725 SS=E	Continued from page 2	F 0725	<p>determine if improvements have been made. All residents have the potential to be affected by the deficient practice.</p> <p>Education for all nursing staff was completed regarding answering call bell times promptly (with a goal of less than 15 minutes), when rounding.</p> <p>An audit will be conducted by the Director of Nursing/designees on call light response times using the call light report five days a week for two weeks, then 4 times a week for an additional 2 weeks and then 3 times a week for an additional two weeks for a total of 6 weeks.</p> <p>The call bell report will be reviewed by DON/designees to track and trend peak call bell times to improve on timely response to resident needs.</p> <p>Any residents that do not have their call bell answered within the accepted time frame of less than 15</p>	

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F 0725 SS=E	Continued from page 3	F 0725	minutes will be interviewed and team members will be educated. At the next resident council meeting, we will discuss call bell response times and if they have improved. The results of these audits will be shared with the administrator and reviewed by the QAPI Committee.	

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F 0725 SS=E	Continued from page 4 Based on review of facility policy, resident observations, resident and staff interviews, and grievance review, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for six of eight residents (Residents R2, R4, R5, R6, R7 and R8). Findings Include: Review of the facility policy "Call Lights" last reviewed 2/21/24, indicates all residents have a call light or alternative communication device within their reach at all times when unattended. Facility personnel will answer a call light as soon as possible. To ensure safety and communication between staff and residents in order to timely meet their needs. Respond to emergency call lights immediately. Respond to call lights and communication devices promptly and in person whenever possible.	F 0725		

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F 0725 SS=E	Continued from page 5 Review of the facility policy "Resident Rights" last reviewed 2/21/24, indicates a resident has the right to receive the services and items included in the resident's plan of care. A resident has the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences. A resident has the right to have grievances promptly resolved, in accordance with law. Review of the facility policy "Nursing Service" last reviewed 2/21/24, indicates nursing care includes the provision of all prescribed medications and treatments, personal care, hygiene, and nursing interventions in response to physical, emotional, or behavioral needs/problems. All nursing care is directed at attaining and maintaining optimal levels of health and functioning. To safely and effectively meet the nursing needs of the resident. Review of facility provided grievance dated 10/31/24, indicates received a phone call from Resident R2's son with concerns that Resident R2	F 0725		

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F 0725 SS=E	Continued from page 6 called him the morning of 10/31/24, to report that no one is answering her call bell. Son stated that "my mother previously fell in the bathroom" and he is concerned that extended call bell responses times add to her potential for falls. Further review revealed that on 11/15/24, son again reported continued issues with call bell response via e- mail "at approximately 9:55 p.m. yesterday evening my mother phoned me from her bed to say she needed to urinate, but no one was responding to her calls for assistance". Review of Resident R2's clinical record indicated she was admitted to the facility on 5/10/17, current room number 426. Review of Resident R2's Minimum Data Set (MDS- a periodic assessment of care needs) dated 10/28/24, indicated the diagnoses of hypertension (high Blood pressure), hyperlipidemia (high fat in the blood) and hyperglycemia (high sugar in the blood). Section C0100 brief interview for mental status (BIMS- a structured evaluation aimed at evaluation	F 0725		

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F 0725 SS=E	Continued from page 7 aspects of cognition in the elderly a score 0-7 indicates severe cognitive impact, 8-12 moderate impairment, 13-15 intact cognitive response.) indicated a score of 12 moderate impairment. Review of the facility provided work order on 9/5/24, indicates round flat call bell isn't working room 426 please check. Response noted: tested call bell twice it is working. Review of the facility provided work order dated 11/15/24, indicates the call bells in room 420 and 426 are not working. Response: replaced batteries in call bell tested twice all is good. Observation and interview on 12/3/24, resident was sitting in her wheelchair next to bed, her over the bed tray table was next to her and had a flat call bell pressure pad as well as a silver bell that dings when tapped. Resident is dressed and well groomed. Upon asking resident about the call bell response time on the day she called her son, she replied "it's been several years ago, I can't remember."	F 0725		

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F 0725 SS=E	<p>Continued from page 10</p> <p>Review of Resident R4's clinical record indicated she was admitted to the facility on 11/13/24, current room number 431.</p> <p>Review of Resident R4's Minimum Data Set (MDS- a periodic assessment of care needs) dated 10/10/24, indicated the diagnoses of hypertension (high Blood pressure), hyponatremia (low sodium levels), and hyperlipidemia (high fat in the blood). Section C0100 BIMS- indicated a score of 12 moderate impairment.</p> <p>During an interview completed on 12/3/24, at 10:26 a.m. Resident R4, was resting in her bed, upon asking if staff was answering her call bell timely Resident R4 stated "It takes a long time for them to answer my bell, sometimes I will pee in my bed."</p> <p>Review of the facility provided device activity report indicated the following:</p> <table border="0" data-bbox="186 1480 730 1554"> <tr> <td>Room</td> <td>Date</td> <td>Time alarmed</td> <td>Time cleared</td> </tr> <tr> <td></td> <td></td> <td>Total Time minutes (m)</td> <td>Seconds (s)</td> </tr> </table>	Room	Date	Time alarmed	Time cleared			Total Time minutes (m)	Seconds (s)	F 0725		
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F 0725 SS=E	<p>Continued from page 12</p> <p>23s Area: Bed 431 11/29/24, 10:26 p.m. 11:05 p.m. 39m 16s Area: Bed 431 12/1/24, 6:38 p.m. 7:02 p.m. 24m 26s Area: Bed</p> <p>Review of Resident R5's clinical record indicated she was admitted to the facility on 8/9/24, current room number 409.</p> <p>Review of Resident R5's Minimum Data Set (MDS- a periodic assessment of care needs) dated 10/7/24, indicated the diagnoses of skin cancer, anemia (low iron in the blood), and hypertension. Section C0100 BIMS- indicated a score of 15 intact cognitive response.</p> <p>During an interview on 12/3/24, at 10:08 a.m. Resident R5, room 409, indicated it can take staff a while to answer her light and stated "oh my God at least 20 minutes. I have had accidents it's not my fault, I ring the bell, I keep hearing we are short of help. It's even during the day, I can't walk, I use the</p>	F 0725		

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F 0725 SS=E	Continued from page 13 bed pan. Just once a couple of weeks ago they left me on it, it hurt, it was more than half an hour. Review of the facility provided device activity report indicated the following: <table border="1"> <thead> <tr> <th>Room</th> <th>Date</th> <th>Time alarmed</th> <th>Time cleared</th> <th>Total Time</th> </tr> </thead> <tbody> <tr> <td>409</td> <td>11/15/24,</td> <td>10:31 a.m.</td> <td>10:43 p.m.</td> <td>11m 32s</td> </tr> <tr> <td colspan="5">Area: Bed</td> </tr> <tr> <td>409</td> <td>11/16/24,</td> <td>8:06 a.m.</td> <td>8:53 a.m.</td> <td>47m 11s</td> </tr> <tr> <td colspan="5">Area: Bed</td> </tr> <tr> <td>409</td> <td>11/19/24,</td> <td>9:31 a.m.</td> <td>9:58 a.m.</td> <td>26m 45s</td> </tr> <tr> <td colspan="5">Area: Bed</td> </tr> <tr> <td>409</td> <td>11/19/24,</td> <td>1:31 p.m.</td> <td>1:49 p.m.</td> <td>18m 39s</td> </tr> <tr> <td colspan="5">Area: Bed</td> </tr> <tr> <td>409</td> <td>11/21/24,</td> <td>7:48 a.m.</td> <td>8:06 a.m.</td> <td>18m 5s</td> </tr> <tr> <td colspan="5">Area: Bed</td> </tr> <tr> <td>409</td> <td>11/22/24,</td> <td>7:33 a.m.</td> <td>7:47 a.m.</td> <td>14m 3s</td> </tr> <tr> <td colspan="5">Area: Bed</td> </tr> <tr> <td>409</td> <td>11/23/24,</td> <td>6:06 p.m.</td> <td>6:24 p.m.</td> <td>18m 28s</td> </tr> <tr> <td colspan="5">Area: Bed</td> </tr> <tr> <td>409</td> <td>11/23/24,</td> <td>8:19 p.m.</td> <td>8:50 p.m.</td> <td>31m</td> </tr> </tbody> </table>	Room	Date	Time alarmed	Time cleared	Total Time	409	11/15/24,	10:31 a.m.	10:43 p.m.	11m 32s	Area: Bed					409	11/16/24,	8:06 a.m.	8:53 a.m.	47m 11s	Area: Bed					409	11/19/24,	9:31 a.m.	9:58 a.m.	26m 45s	Area: Bed					409	11/19/24,	1:31 p.m.	1:49 p.m.	18m 39s	Area: Bed					409	11/21/24,	7:48 a.m.	8:06 a.m.	18m 5s	Area: Bed					409	11/22/24,	7:33 a.m.	7:47 a.m.	14m 3s	Area: Bed					409	11/23/24,	6:06 p.m.	6:24 p.m.	18m 28s	Area: Bed					409	11/23/24,	8:19 p.m.	8:50 p.m.	31m	F 0725		
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NAME OF PROVIDER OR SUPPLIER: SHERWOOD OAKS STATE LICENSE NUMBER: 197002		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		
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F 0725 SS=E	Continued from page 14 17s Area: Bed 409 11/24/24, 4:39 p.m. 4:50 p.m. 11m 6s Area: Bed 409 11/25/24, 2:18 p.m. 2:57 p.m. 39m 17s Area: Bed 409 11/27/24, 6:43 p.m. 8:15 p.m. 92m 21s Area: Bed 409 11/27/24, 9:02 p.m. 9:31 p.m. 28m 58s Area: Bed 409 11/28/24, 8:14p.m. 8:28 p.m. 14m 19s Area: Bed 409 11/30/24, 9:29 a.m. 9:40 a.m. 11m 41s Area: Bed 409 12/1/24, 9:57 a.m. 10:15 a.m. 18m 34s Area: Bed During an interview completed on 12/3/24, at 11:00 a.m. Resident R6 stated he has on occasion had to wait for his call bell to be answered and stated "we were short staffed over the holiday weekend". During an interview completed 12/3/24, at 11:05 a.m. Resident R7 stated "I just go on my own, I	F 0725		

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F 0725 SS=E	Continued from page 15 don't have to wait." During an interview completed on 12/3/24, at 10:38 a.m. Resident R8 stated "at night sometimes they run short." Review of facility provided matrix dated 12/3/24, indicated current in-house census at 31. Review of facility provided Care Plan/Task listing report dated 12/4/24, indicated eleven residents require an assist of two for transfers. Seven residents requires an assist of two for bed mobility. During an interview completed on 12/3/24, at 2:50 p.m. upon asking the Director of Nursing (DON) what the expectation time frame is for staff is to answer call bells the DON stated, "a reasonable time frame less than twenty minutes". During an interview completed on 12/4/24, at 8:55 a.m. upon asking the Nursing Home Administrator (NHA) what is the expectation for answering call	F 0725		

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F 0725 SS=E	Continued from page 16 bells stated, "based upon what is going on at that time, that is I would expect it to be answered". Upon asking for clarification concerning the extended call bell answer times on the facility provided device activity report the NHA responded "You are looking at data that few places could provide, strapping it out. The majority are answered prompt, more than you would see anywhere else. The expectation is prompt call bell response", upon asking what he would consider as prompt, the NHA sated "prompt would be a wide variety, I don ' t know how to answer that question." During an interview completed on 12/4/24, at 12:20 p.m. the DON stated "after 7:00 p.m. it's the busy time for getting the residents to bed. I think they try to get in as soon as possible." Upon asking about Resident R2's son call bell response concerns the DON stated "I'm in constant communication with the staff addressing his concerns (referring to Resident R 2's son) about call bells. I would expect that there is a lot of competing factors with the activities of daily living (ADLs) and nighttime care.	F 0725		

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F 0725 SS=E	Continued from page 17 We are transparent about concerns being recorded. The floor Resident R2 is on has a high number of resident's that require an assist of two. We are addressing our call bell times in general and in our quality assurance performance improvement (QAPI plan", confirming that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of six of eight residents (Residents R2, R4, R5, R6, R7 and R8). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(e)(6) Management. 28 Pa. Code: 201.20(a) Staff development. 28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services.	F 0725		



Certified End Page

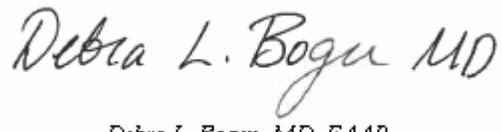
SHERWOOD OAKS

STATE LICENSE NUMBER: 197002

SURVEY EXIT DATE: 12/05/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY