



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: September 21, 2017

Mr. Joseph T. Pohlen,
Member
Senior Care-OLM North, LLC
6157 28th Street #7
Grand Rapids, Michigan 49546

RE: Oak Leaf Manor North
2901 Harrisburg Pike
Landisville, Pennsylvania 17538
Certificate #: 333280

Dear Mr. Pohlen:

As a result of the Department of Human Services' licensing inspection on August 16, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: OAK LEAF MANOR NORTH		License Number: 322290
Address: 2901 HARRISBURG PIKE, LANDISVILLE, PA 17638		County: Lancaster
Administrator: Shaun Kroeck		Region: CENTRAL
Legal Entity Name: SENIOR CARE OLM NORTH LLC		
Legal Entity Address: 8157 28th Street, Grand Rapids, MI 49546		
Certificate(s) of Occupancy I-2 10/20/2015 East Hempfield Township		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 123	Waiting Staff: 92
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 08/16/2017: Springs, Israel		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 135 Number of Residents Served: 88 Secured Dementia Care Unit in Home: Yes Area: Friendship Place Secured Dementia Unit Capacity, if Applicable: 86 Number of Residents Served in Secured Dementia Care Unit, if applicable: 37 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 85 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 97 Have a Physical Disability: 0	

Violation Report: 33328 - 08/16/2017 - Springs, Israel

PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The contracts for Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5 did not contain a fee schedule listing the charges for the home's available services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.25(c)(2)—The contract shall specify a fee schedule that lists the actual amount of allowable resident charges of each of the home's available services.

This regulation benefits both the home and the resident. From the date of the contract being signed there is transparency between the home, resident, and their designated party to ensure everyone is aware of charges that may accrue should available services with the home be used.

Upon inspection it was found that our resident-home contract did not have a complete fee schedule attached. As a company we have adopted more of an all-inclusive model. There are only a few items that if the resident uses the service they will be billed for additionally. During inspection of the original contract there is a section for items not included in the base rate. In this section the contract did provide an amount for in-room meals, as well as guest meals. The resident-home contract has been amended by the administrator to include all available services with the actual amount to be charged should the resident choose to use the available service. Amounts provided to complete the fee schedule were for in-room telephone and beauty shop services which can be seen in the attached amended contract that has been used going forward. All residents & designated parties who signed the new contract, from 6/1/2017 to date of survey 8/16/2017 have received the amended contract and signed acknowledgment will be placed in their file. **Fees discussed on Attachment #1 page 1 and page 11.

Education has been provided to management to ensure contract changes in the future will include all necessary information. Staff education will be provided by the administrator at our all-staff meeting on 9/21/17 to ensure staff recognize the importance of regulations related to home-resident contracts.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Shawn W. Kroeck

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Shawn W. Kroeck
 Executive Director

Date 9/20/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/21/17
 (Date)

Plan of correction implementation status as of 9/21/17
 (Date)

The above plan of correction was approved by BAS
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 33328 - 08/16/2017 - Springs, Israel
 PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

There was no criminal background check completed for Staff Member A, hired [redacted] 7.
 There was no criminal background check completed for Staff Member B, hired [redacted] 7.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 Pa. Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

This regulation is extremely important as it ensures the safety and wellbeing of every resident who resides at Oak Leaf Manor, and every employee who works at Oak Leaf Manor. Only employees that have successfully completed their background prior to their first day will be permitted to be placed on the schedule.

Plan of Correction (POC)

During survey on 8/16/17 it was discovered that employee A and B did not have a background check completed prior to their first scheduled day. Background check was completed for employee A on 8/16/17 after we were made aware and while surveyor was still onsite. Background check was placed in their file. We began the process of completing background check on Employee B, however their employment was terminated prior to the completion of the background check. All Department Director's and Human Resources Staff have been educated on what is required for all new hires prior to first day worked. Employee file checklist has been created and will be used moving forward. Audits will be done to ensure compliance.

See attached Exhibit #2 for Oak Leaf Manor's policy regarding background checks.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Shawn W. Kroeck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shawn W. Kroeck Executive Director* Date *9/20/17*

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The above plan of correction was approved by *BAS* (Initials)

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Violation Report: 33328 - 08/16/2017 - Springs, Israel
 PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2600
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's record of direct care staff training does not include:
 - Documentation for Staff Member A's and Staff Member C's Initial training in the elements described in regulation 2600.65(a).
 - Documentation for Staff Member A's, Staff Member B's, and Staff Member C's initial training in the elements described in regulation 2600.65(b).

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 Pa.Code §2600
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

This regulation is important to guarantee that all staff have received Department required trainings. Proper training of all staff is required to ensure the health and safety of all residents residing at Oak Leaf Manor.

Plan of Correction (POC)
 During survey on 8/16/17 Employees A, B and C, were found to have not had required trainings completed within the time frame spelled out on 2600.65 (i). Attached is Exhibit #3, labeled the Employee Education Packet. This training has been completed by Employees A, & C and placed in their files. Audit was conducted to ensure all employees hired after 6/1 had this training complete. All department heads were educated on required trainings and documentation needed for new hires.

* The administrator, or a designated staff person, shall review the training for each new hire at the end of the employee's first day of work and after the employee has completed 40 hours of work to assure that the employee has received training as required in regulations 2600.65(a) and 2600.65(b), and the training has been properly documented. *BAS 9/21/17*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Shawn W. Kroeck</i> Executive Director		<i>9/20/17</i>

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Violation Report: 33328 - 08/16/2017 - Springs, Israel
 PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The Medical Evaluation for Resident #5, dated 8/26/17, did not document the health status of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

This regulation is important to ensure that we have a complete description of each resident's diagnosis and can meet their medical needs. Without the DME and other proper documentation we cannot be assured we are meeting each resident's needs.

Plan of Correction (POC)

Upon review of resident records on 8/16/17 it was determined that resident #5 did not have the health status indicated on the DME. Resident #5 DME was reviewed and completed. All DMEs will now go through a double check system before being placed in resident's chart. The initial check will be made by the Marking/Admissions department. The second check will be made by the Director of Wellness to ensure all DME's completed in full. Any incomplete DME's will be sent back to the doctor to complete. Regular chart audits will also be done to assure compliance with regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Shawn W. Kroeck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shawn W. Kroeck Executive Director* Date *9/20/17*

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Violation Report: 33328 - 08/16/2017 - Springs, Israel
 PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2800

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 8/8/2017 at 8:44 am, Resident #2 had his/her blood glucose level measured. The recorded measurement in the glucometer was a reading of 187. However, this measurement was not documented in Resident #2's Medication Administration Record. The home has not fully implemented the procedures for recording the measurements of blood glucose level checks.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medication and medical equipment by trained staff persons.

This is an extremely important regulation to ensure that all medication is given to residents correctly and documented properly.

Plan of Correction (POC)

During inspection on 8/16/17 it was determined that Resident #2 had their blood glucose recorded via electronic glucometer. However, that reading was not transferred to Resident #2's Medical Administration Record. All nursing staff have been educated on the importance of documentation. Each nurse shall be responsible for double checking that all medications and treatments were properly documented at the end of their shift. The Director of Wellness will monitor the "Alert Documentation" feature of the Quick MAR dashboard to ensure completed documentation by all staff. Glucose Recheck binders were implemented the day after survey 8/17/17, per the recommendation of surveyor. All LPN/Med Tech's were trained on proper documentation at our monthly LPN/Med Tech meeting on 9/14/17. Any staff not present will be educated one-on-one. Attached is Exhibit #4, the agenda from the recent LPN/Med Tech meeting, showing what was discussed per 2600.185 (a).

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 (Required on EVERY Page)

Shawn W. Kroeck

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Shawn W. Kroeck
 Executive Director

Date

9/20/17

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9/21/17
 (Date)

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9/21/17
 (Date)

The above plan of correction was approved by

BWS
 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented