



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 13, 2018

Ms. Lisa R. Sikes,
VP of Operations
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 Ms. Sikes:

As a result of the Department of Human Services' licensing inspection on March 19, 2018 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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,

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33328 - 03/19/2018 - Gillespie, Denise
 PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident # 1's assessment, dated 5/26/17 for a significant change, did not reflect the resident's need for assistance with bathing, dressing, grooming, ambulation, toileting and transfers.

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.

We have created an audit tool for all residents charts. The Director of Wellness, and Resident Care Coordinator conducted a house chart audit on 3/20, and 3/21 of all residents charts. A more individualized Level of Care Assessment has been initiated as well. We are implementing the revised Level of Care assessment into our computer system so that they are attached to our RASP's. This is in the process of being completed by our computer technician. We look to have this completed within this month.

The DOW, RCC, and Nurses will reassess residents monthly and update the Level of Care assessments. When there is a change of status, we will be alerted via email. The RASP will be updated and staff will be educated and informed of the change of care.

All nursing staff have been rededucated on RASP's and LOC assessments on 3/21/18. Nursing will assist with assessments and provide their input as they are the staff working closely with our residents.

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
Lisa Sikes		4/12/18

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

The above plan of correction is approved as of 4-13-18
(Date)

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

Plan of correction implementation status as of 4-13-18
(Date)

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