



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 17 2018

Ms. Lisa R. Sikes,
Vice President 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' annual licensing inspection on May 16, 17 and 18, 2018 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 33328 - 05/16/2018 - O'Pake, Hope
 PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire drill observed by a fire safety expert was conducted on May 3, 2017.

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.

- * May 25, 2018 - fire safety inspection + drill conducted by safety expert.
- * Report attached
- * Maintenance Director will schedule yearly inspection and inform Administrator of date.
- * Both Administrator + maintenance Director will maintain a copy of report.
- * This is effective immediately.

Thank you.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) Brandi Rendler

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Brandi Rendler, ^{Alpha} Executive Director

Date 7-25-18

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

The above plan of correction is approved as of 7/31/18
(Date)

Plan of correction implementation status as of 7/31/18
(Date)

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

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

Violation Report: 33328 - 05/16/2018 - OPake, Hope

PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last drill conducted during sleeping hours was on April 26, 2018. Prior to that, the last drill held during sleeping hours was on September 20, 2017.

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.

* Maintenance Director will conduct three drills during sleeping hours throughout the year;
 - August, December, April
 to maintain compliance

* maintenance Director and administrator will both maintain documentation of all fire drills.

The monthly fire drills will be discussed at the home's periodic quality management reviews. GE

Thank you

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Brandi Ruder

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Brandi Ruder ED, PLHA

Date

7-25-18

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Violation Report: 33328 - 05/16/2018 - O'Pake, Hope

PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's last medical evaluation was completed on April 28, 2018. It did not include a list of the resident's medications.

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.*

- * All Medical Evaluations will be double checked before going into a residents chart.
- * Checks will be completed by Director of Wellness, Marketing/Admission director
- * Any incomplete Medical Evaluations, physician will immediately be notified.
- * Administrator, Director of Wellness, and Resident Care Coordinator will regularly conduct chart audits to ensure compliance.
- * This is effective immediately.

Thank you

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Brandi Renda

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Brandi Renda, ED, PCHN

Date

7-25-18

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Violation Report: 33328 - 05/16/2018 - OPake, Hope
 PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area, located near A wing, had six cushions that were not fire resistant. The cushions were labeled, "Flammable. Keep away from open flame."

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.

- * All cushions were immediately removed and discarded
- * Administrator and Maintenance Director do building inspections daily
- * Fireproof ashtray in place in smoking area
- * Maintenance will inspect any items residents would like to use in all areas of the building / outside the building.
- * This is effective immediately

Thank you

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Brandi Reader

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

Brandi Reader ED, PCH

Date *7-25-18*

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Violation Report: 33328 - 05/16/2018 - OPake, Hope
PCH Name: OAK LEAF MANOR NORTH

1. REGULATION 55 Pa.Code §2600
2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
The directions for operating the home's locking mechanism were not conspicuously posted near Stairwell Exit Door #15 and Stairwell Exit Door #14.

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.

- * Directions re-posted immediately
- * Staff provide more activity with the resident that removes labels / signs from hallways, doors
- * Directions moved higher on the door + wall and all staff / family informed
- * maintenance checks all areas on daily rounds to be sure signs in place
- * staff will inform maintenance immediately if anything removed from doors / hallways

Thank you

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Brandi Ressler

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Brandi Ressler EP, PCHM</u>	Date <u>7-25-18</u>
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