



MAILING DATE: April 16, 2019

Ms. Trisha L. Johnson, LPN
Personal Care Home Administrator
Senior Care – OLM South LLC
6157 28th Street 7
Grand Rapids, Michigan 49546

RE: Oak Leaf Manor Personal Care
Retirement Home
2101 Wabank Road
Millersville, Pennsylvania 17551
Certificate #: 333260

Dear Ms. Johnson:

As a result of the Department's Bureau of Human Services Licensing inspection on February 22, 2019 of the above facility, the citations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

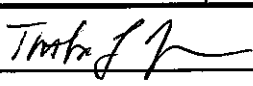
Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

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

PCH Name: OAK LEAF MANOR PERSONAL CARE RETIREMENT HOME		License Number: 33326
Address: 2101 WABANK ROAD, MILLERSVILLE, PA 17551		County: Lancaster
Administrator: Trisha Johnson		Region: CENTRAL
Legal Entity Name: SENIOR CARE OLM SOUTH LLC		
Legal Entity Address: 6157 28TH STREET 7, GRAND RAPIDS, MI 49546		
Certificate(s) of Occupancy		
I-2 01/10/2014 Millersville Borough	I-2 10/23/2010 Millersville Borough	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 86	Waking Staff: 65
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/22/2019: Cargile, Kellie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Rec'd 4/4/19 GE		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 82 Number of Residents Served: 62 Secured Dementia Care Unit in Home: Yes Area: Friendship Secured Dementia Unit Capacity, if Applicable: 43 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 62 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 2	

Violation Report: 33326 - 02/22/2019 - Cargile, Kellie	
PCH Name: OAK LEAF MANOR PERSONAL CARE RETIREMENT HOME	
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 The most recent assessment for Resident #1 was completed on 12/19/18 and indicated that he/she was independent with bowel and bladder management and personal hygiene. During the beginning of February 2019, Resident #1 started requiring cueing, prompting and stand-by assistance with hygienic practices. Resident's #1's family also requested that he/she receive a higher level of care at the facility to assist with these concerns. The home has not completed a new assessment to reflect these changes.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> Director of Wellness shall communicate with nursing staff to ensure all changes to resident's assessments are made accurately and within the appropriate time frame. Director of Wellness will make appropriate changes on residents RASP in red ink at time of change or complete a new Significant change RASP if needed at time of change. Director of Wellness shall keep a record of dates of all current residents and when they're RASP was last completed. Director of Wellness completed a new RASP following the investigation. An audit of resident assessments will be conducted to ensure that all current needs have been identified and addressed in each resident's plan. The audit will be completed by the Administrator or designee by 5/30/19.-GE-4/16/19	
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) Trisha L Johnson LPN, Administrator	
Date 4/4/2019	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/16/19</u> (Date)	Plan of correction implementation status as of <u>4/16/19</u> (Date)
The above plan of correction was approved by <u>GE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33326 - 02/22/2019 - Cargile, Kellie
PCH Name: OAK LEAF MANOR PERSONAL CARE RETIREMENT HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #1 participated in the development of their support plan on 12/19/18. The resident did not sign the support plan.

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.

Director of Wellness shall ensure all parties participating in completion of the RASP are properly documented (Signature). Director of Wellness is currently conducting an audit of all current residents to ensure appropriate signatures are obtained at this time.

Please Note: Resident noted above has since transferred to a skilled nursing facility due to requiring a higher level of care, therefor signature was not able to be obtained on corrected RASP following investigation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Trisha L. Johnson LPN Administrator	Date 4/4/2019
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/16/19
 (Date)

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

Plan of correction implementation status as of 4/16/19
 (Date)

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

RESIDENT PRIVACY CODING DOCUMENT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: OAK LEAF MANOR PERSONAL CARE RETIREMENT HOME	License Number: 333260
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<u>Designation</u>	<u>Resident's Name</u>
Resident 1	Paul Scheid

Trisha L. Johnson

Printed Name and Title of Legal Entity Representative

Trisha JL

Signature of Legal Entity Representative

4/4/19

Date