



June 6, 2019

Ms. Trisha L. Johnson, LPN
PHCA
Senior Care-OLM South LLC
2101 Wabank Road
Millersville, Pennsylvania 17551

RE: Oak Leaf Manor Personal Care
Retirement Home
License #: 333260

Dear Ms. Johnson:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 6, 2019 of the above facility, the violations 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.

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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *OAK LEAF MANOR PERSONAL CARE RETIREMENT HOME*
Address: *2101 WABANK ROAD, MILLERSVILLE, PA 17551*
County: *LANCASTER* Region: *CENTRAL*

License Number: *333260*

Administrator

Name: *Trisha Johnson* Phone: *7178729100* Email: *na*

Legal Entity

Name: *SENIOR CARE OLM SOUTH LLC*
Address: *6157 28TH STREET 7, MI, 49546*

Certificate(s) of Occupancy

Type: *I-2* Date: *01/10/2014* Issued By: *Millersville Borough*
Type: *I-2* Date: *10/23/2010* Issued By: *Millersville Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

05/06/2019 - On-Site: Jason McCloskey, Michael Palermo
05/07/2019 - On-Site: Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *82* Residents Served: *62*

Secured Dementia Care Unit

In Home: *Yes* Area: *Friendship Place* Capacity: *43* Residents Served: *23*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *2*

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 5/6/19, the resident had 62 residents but only 126 gallons of emergency drinking water.

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.)

80 gallons of additional drinking water were obtained on the day of inspection. Current capacity is 63 residents. Home is at capacity as of 64 residents so home will have adequate water supply if any additional residents move in. In addition, Administrator Trisha Johnson and Maintenance Director Jim Fisher has marked there calendars with the date of expiration to ensure new water is obtained one month prior to expiration of current water supply.

Legal Entity Representative


Signature

Trisha L. Johnson LPN PCHA 5/17/19
Printed Name and Title Date

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The above plan of correction is approved as of 5/20/19
(Date)

Plan of correction implementation status as of 5/20/19
(Date)

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

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

183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The bedroom occupied by Resident 1 was open and unoccupied. An unsecured tube of Lidocaine Cream 4% was lying on the resident's dresser.

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.)

Medication noted above was removed from bedroom immediately following the on site inspection by Director of Wellness. Resident and staff were re-educated on the policies and procedures of medication in a residents room and the regulation stated above. All current violations listed on this report were reviewed with all staff members at our monthly staff meeting held on 5/15/19. Director of Wellness will conduct a full building audit of current resident rooms to ensure no other resident rooms have any medications in the room unattended. This audit will be completed by 6/15/19.

Legal Entity Representative

Trisha L Johnson

Signature

Trisha L Johnson LPK PCMA

Printed Name and Title

5/17/19

Date

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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident 2's Ventolin inhaler expired January 2019.

Resident 3 has a Symbicourt inhaler with an expiration date of 4/20/19.

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 removed expired inhalers at time of inspection. New inhalers were ordered from pharmacy immediately. Director of Wellness conducted a med cart audit the next day to ensure no other medications were expired. Director of Wellness will continue to conduct a monthly med cart audit starting June 2019 to ensure regulation is being followed. A Nursing staff meeting was conducted following our normally scheduled staff meeting on 5/15/19 and staff were re-educated on above regulation and proper protocol for disposing and re ordering expired medications.

Legal Entity Representative


Signature

Trisha L. Johnson LPN PLAA 5/17/19
Printed Name and Title Date

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 4's preadmission screening form did not document the date the form was completed.

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.)

Pre admission screening date was completed by the staff member who originally completed the form and date filled in immediately following the inspection. Administrator to conduct an audit of all resident charts to ensure all DHS paperwork is completed in fully and properly. Audit will be completed by 6/15/19. All staff members who assist in completing DHS paperwork have been re-educated on regulation and importance on having paperwork filled out properly.

Legal Entity Representative


Signature

Trisha L. Johnson LPN PCAA 5/17/19
Printed Name and Title Date

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231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

The cognitive preadmission screening for Resident 5 does not include a determination that the resident requires secure care due to Alzheimer's disease or other dementia.

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.)

Doctor was contacted and asked to complete Cognitive screening portion of Pre admission screening. Diagnosis of Dementia was added to resident cognitive screening section. Administrator to complete an audit of all current resident charts to ensure all DHS paperwork has been completed in full and properly. Audit will be completed by 6/15/19. All staff members involved in assisted with DHS paperwork have been re-educated on regulation and importance of having paperwork completed properly.

Legal Entity Representative

Signature 

Trisha L. Johnson LPN PCMA 5/17/19
Printed Name and Title Date

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231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident 5's record does not include documentation that the resident and the resident's designated person do not object to placement in the secure dementia care unit (SDCU).

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.)

Secured Dementia Unit Order signed by POA and resident at completion of inspection. Memory Care Coordinator re-educated on the above regulation and importance of having paperwork completed properly. Director of Wellness to complete a current resident chart audit of all DHS required paperwork to ensure all paperwork is completed and proper signatures are obtained. Audit will be completed by 6/15/19.

Legal Entity Representative


Signature

Trisha L. Johnson LPN PC/TA 5/17/19
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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 25. A copy of the resident-home contract.

Description of Violation


Resident 6's record did not include a copy of the resident-home contract.

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.)

Residents contract was immediately obtained from POA of resident before DHS inspection completed their full inspection. Administrator will conduct an audit of all current resident charts to ensure every resident contract is in their chart. Audit will be completed by 6/15/19. Staff were re-educated at nursing staff meeting on 5/15/19 on which portions of the chart should not be removed at any time.

Legal Entity Representative


Signature

Trisha L. Johnson LPN PLTA 5/17/19
Printed Name and Title Date

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