



June 10, 2019

Ms. Brandi Rendler
Executive Director
Senior Care OLM North LLC
2901 Harrisburg Pike
Landisville, Pennsylvania 17538

RE: Oak Leaf Manor North
Certificate #: 333280

Dear Ms. Rendler:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 8, 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 NORTH*

Address: *2901 HARRISBURG PIKE, LANDISVILLE, PA 17538*

County: *LANCASTER*

Region: *CENTRAL*

License Number: *333280*

Administrator

Name: *Brandi Rendler*

Phone: *7178984663*

Email: *na*

Legal Entity

Name: *SENIOR CARE OLM NORTH LLC*

Address: *6157 28TH STREET 7, MI, 49546*

Certificate(s) of Occupancy

Type: *I-2*

Date: *10/20/2015*

Issued By: *East Hempfield Township*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *157*

Waking Staff: *118*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

05/08/2019 - On-Site: Jason McCloskey, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *135*

Residents Served: *106*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Friendship Place*

Capacity: *39*

Residents Served: *38*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *106*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *51*

Have Physical Disability: *0*

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

Resident 1 had a bottle of Fluticasone nasal spray and a bottle of Equate-brand allergy relief tablets on her bathroom vanity. These medications were unlocked and accessible and Resident 1 is not assessed to be able to self-administer medications.

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.)

- 1- Medications immediately removed from residents room on date of inspection: (5/9/19)
- 2- Family and resident and staff notified of findings.
 - family educated on procedure of providing medications to a resident, and informed that this specific resident is not assessed to administer her own medications safely.
- 3- Nursing staff will perform weekly room checks (audit) to ensure there are no medications present in any residents room - (specifically those who do not self administer their own medications)
- 4- These audits will be reviewed at Quality management meetings.
- 5- This is effective immediately.

Legal Entity Representative

Brandi Rende
Signature

Brandi Rende - Administrator 5/20/19
Printed Name and Title Date

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The above plan of correction is approved as of 5/29/19
(Date)

Plan of correction implementation status as of 5/29/19
(Date)

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

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

185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

- 2. A process to investigate and account for missing medications and medication errors.

Description of Violation

The home does not have a system to investigate and account for missing controlled substances as the home does not count all controlled substances. Examples of controlled substances that aren't counted include:

- Resident 2's Ativan
- Resident 3's Alprazolam
- Resident 4's liquid Lorazepam
- Resident 5's Promethazine-Codeine

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.)

- 1- medications were immediately placed in locked in Narcotics box on medication cart. They were added to the daily narc count on day of inspection - 5/9/19.
- 2- All LPN'S /MT'S were re-educated on controlled medications and informed of policy to count controlled substances/medications
- 3- Accountability of medications and controlled medications policy reviewed with LPN'S /MT'S

Legal Entity Representative

Continued on Page 3A

Brandi Reulu
Signature

Brandi Reulu - Administrator
Printed Name and Title

5/29/19
Date

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The above plan of correction is approved as of 5/29/19
(Date)

Plan of correction implementation status as of 5/29/19
(Date)

Fully Implemented

The above plan of correction was approved by 5/29/19
(Initials)

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

4 - Drug Diversion policy reviewed with MT'S/LPN'S

Brandi Rendler

Brandi Rendler - Administrator. 5/20/19

*The administrator and/or another designated staff person will conduct an audit of all resident medications to identify all medications that are listed as Schedule II, III, and IV controlled substances. The handling, storing, and administration of these medications will be within the home's policies and procedures for controlled medications. This audit will be completed within 45 days from the receipt of this plan. BAS 5/29/19