



**Mailing Date: July 24, 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 inspection on June 13, 2019 and July 17, 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 violations cited 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,

A handwritten signature in black ink that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *OAK LEAF MANOR PERSONAL CARE RETIREMENT HOME*

License Number: *333260*

Address: *2101 WABANK ROAD, MILLERSVILLE, PA 17551*

County: *LANCASTER*

Region: *CENTRAL*

### Administrator

Name: *Trisha Johnson*

Phone: *7178729100*

Email:

### Legal Entity

Name: *SENIOR CARE OLM SOUTH LLC*

Address: *2101 WABANK ROAD, PA, 17551*

### 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: *91*

Waking Staff: *68*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

### Inspection Dates and Department Representative

*06/13/2019 - On-Site: Jason McCloskey, Israel Springs*

*06/14/2019 - Off-Site: Jason McCloskey*

*06/17/2019 - Off-Site: Jason McCloskey*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *82*

Residents Served: *63*

#### Secured Dementia Care Unit

In Home: *Yes*

Area: *Friendship Place*

Capacity: *43*

Residents Served: *23*

#### Hospice

Current Residents: *5*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *63*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *28*

Have Physical Disability: *3*

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 5/17/19, Resident 1 was exhibiting exit seeking behaviors and threatened to "break a window if that was the only way he could get out." On 5/26/19, Resident 1 eloped from the building through a window and was found sitting on a bench adjacent to Millersville Road across the parking lot of the home. On 5/27/19, Resident 1 was observed by staff wrestling on the floor with Resident 2. Resident 1 was kicking the other resident in the chest and trying to hit him in the head with a cane. On 5/31/19, Resident 1 wrapped his hands around Resident 2's neck and pushed him to the ground. On 6/8/19, Resident 1 kicked Resident 3 in the shins and was attempting to hit Resident 3 with his cane. Later on the evening of 6/8/19, Resident 1 had a verbal altercation with a staff member and told her to "stay the hell out of my room!" While interviewed, multiple staff persons and Resident 1's wife expressed concern for the safety of other residents due to Resident 1's behaviors.

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.)

Oak Leaf Manor South has provided one on one supervision from 7 AM-1 PM daily which became effective 6/17/19. Resident family to provide one on one supervision from 1 PM- 4 PM daily. Resident retires to his room regularly after dinner. If resident does not retire to his room for any reason Oak Leaf Manor staff are instructed to keep eyes on him while he is in the common areas. Oak Leaf Manor has issued a 30 Day notice to resident effective 6/24/19. One on one supervision will continue until notice is complete. Oak Leaf Manor South has also consulted Bayada Home Health for medication management and Psych service consultation. Staff is continueing to perform 30 min checks while resident is in room.

Continued on Page 2A

Legal Entity Representative

*Trisha L. Johnson*  
Signature

Trisha L. Johnson PCHHA 6/25/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/1/19 (Date) Plan of correction implementation status as of 7/24/19 (Date)

The above plan of correction was approved by BAS (Initials)  Partially Implemented - Adequate Progress  Fully Implemented  Partially Implemented - Inadequate Progress  Not Implemented

2600.42(b) Continued:

- Within 5 days from the approval date of this plan, the home will perform an assessment of the condition of the windows in all rooms located in the SDCU.
- Within 15 days from the approval date of this plan, the Administrator and/or Director of Wellness will reassess the supervision needs for all residents in the SDCU.
- Within 45 days from the approval date of this plan, all staff will receive training in abuse and neglect by the local AAA Protective Services.

BAS 7/1/19

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 was prescribed Alprazolam 0.25mg to be administered one tablet by mouth twice daily for two weeks. The resident was administered this medication each day during the fifteen day period from 5/9/19 through 5/24/19. Resident 1 was prescribed Clonazepam 0.5mg to be administered one tablet by mouth daily for 14 days. The resident was administered this medication each day during the thirteen day period from 5/30/19 to 6/11/19.

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.)

Oak Leaf Manor South Administrator and Director of Wellness investigated both medication errors. Discipline was issues to all staff members involved. Director of Wellness re-educated staff members on proper protocol regarding discontinueing medications and ensuring correct end date is attached to order. Director of Nursing will educate entire nursing staff on same subject at monthly nursing meeting scheduled in July.

\* Commencing on the approval date of this plan, the Administrator and Director of Wellness will audit the Medication Administration Records for those residents of the SDCU on a weekly basis for a period of eight weeks to ensure that the residents are receiving their medications as prescribed.

BAS 7/1/19

Legal Entity Representative

  
Signature

Trisha L. Johnson PCAA  
Printed Name and Title

6/25/19  
Date

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(Date)

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(Date)

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

234d - Support Plan Revision

Regulations

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The home increased the supervision being provided to Resident 1 and started performing half-hour checks on him on 6/9/19. The resident's most recent support plan (last updated 5/28/19) was not updated to document this increase in supervision needs and heightened services provided by the home.

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.)

Memory Care Coordinator immediately documented 30 minute checks and one on one supervision needs in resident support plan and assessment upon receiving violation report. Administrator re-educated Memory Care Coordinator on importance of documenting such occurrences in a timely manner.

\*The administrator and Director of Wellness will complete an audit of all resident assessments and support plans (RASPs) for the residents of the SDCU to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit will be completed within 15 days from the approval date of this plan.

BAS 7/1/19

Legal Entity Representative

*Trisha L. Johnson*  
Signature

Trisha L. Johnson RCHA  
Printed Name and Title

6/25/19  
Date

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