



Mailing Date: July 15, 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 inspection on June 28, 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 NORTH

License Number: 33328

Address: 2901 HARRISBURG PIKE, LANDISVILLE, PA 17538

County: LANCASTER

Region: CENTRAL

Administrator

Name: Brandi Rendler

Phone: 7178984663

Email:

Legal Entity

Name: SENIOR CARE OLM NORTH LLC

Address: 2901 HARRISBURG PIKE, PA, 17538

Certificate(s) of Occupancy

Type: 1-2

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 152

Waking Staff: 114

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

06/28/2019 - On-Site: Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 135

Residents Served: 108

Secured Dementia Care Unit

In Home: Yes

Area: Friendship Place

Capacity: 39

Residents Served: 39

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 108

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 44

Have Physical Disability: 0

254c - Records Storing

Regulations

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

On 6/28/19, the records for residents of the secured dementia care unit were unlocked, unattended, and accessible in a cabinet in the common/kitchen area on the second floor. The record of Resident #1 was unattended and accessible on the countertop next to the phone in the SDCU second floor common/kitchen area. The door to the nurse's office on the second floor of the SDCU was standing open with the binder containing the resident's RASPS in plain view and accessible.

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.)

Please see attached plan of correction.
Thank you!

Continued on Page 2A

Legal Entity Representative

Brandi Randler

Signature

Brandi Randler Administrator

Printed Name and Title

7-15-19 Date

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

The above plan of correction is approved as of 7/15/19 (Date)

Plan of correction implementation status as of 7/15/19 (Date)

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

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

July 15, 2019

Plan of Correction

1-Cabinet doors were immediately locked.

Keys are kept by the Memory Care Director and Nurse on duty for both floors only.

2- Memory Care Director's door was immediately closed and locked.

It will remain closed and locked at all times.

3- All resident charts are stored in a locked cabinet on both floors.

4-Administrator will perform "spot" checks on all cabinets, and the Memory Care Director will check cabinets daily to be sure they are locked.

5-All staff were re-educated on record access and security and provided a written copy of the regulation.

a- See attachment # 1

6-All trainings were completed by Administrator.

7-All violations were addressed and corrected immediately.

8-All corrected violations will continue and be ongoing.

Thank you.

Brandi Rendle
Brandi Rendle, Administrator 7-15-19