

Department of Human Services  
Bureau of Human Service Licensing

December 1, 2021

[REDACTED], REPRESENTATIVE  
HATFIELD MENNONITE HOMES INC  
275 DOCK DRIVE  
LANSDALE, PA 19446

RE: OAKWOOD COURT  
275 DOCK DRIVE  
LANSDALE, PA, 19446  
LICENSE/COC#: 12796

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2021, 10/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: OAKWOOD COURT License #: 12796 License Expiration Date: 10/05/2022  
Address: 275 DOCK DRIVE, LANSDALE, PA 19446  
County: MONTGOMERY Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: 2153684438 Email: [REDACTED]

**Legal Entity**

Name: HATFIELD MENNONITE HOMES INC  
Address: 275 DOCK DRIVE, LANSDALE, PA, 19446  
Phone: 2153684438 Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 10/22/1999 Issued By: CWOPA

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 97 Waking Staff: 73

**Inspection**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 10/08/2021

**Inspection Dates and Department Representative**

10/07/2021 - On-Site: [REDACTED]  
10/08/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 80 Residents Served: 65

**Secured Dementia Care Unit**

In Home: Yes Area: Capacity: 26 Residents Served: 26  
1st fl. Homestead & Shorehouse

**Hospice**

Current Residents: 3

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 32 Have Physical Disability: 0

Inspections / Reviews

10/07/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/12/2021*

11/12/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/22/2021*

12/1/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 10/8/21, the home did not have the previous inspection report or the 2600 regulation book posted in a conspicuous and public place in the home.

Plan of Correction

Accept

The violation was corrected on 10/8/21. The previous inspection report is now located on the resident sign out table by the Oakwood Court Nurses' Station. A weekly audit for four weeks will be conducted to ensure the report remains in its designated area by the Director of Personal Care Services or designee. Findings will be reported in the monthly QAPI meeting, QAPI committee will determine need for future audits.

Completion Date: 12/10/2021

Document Submission

Implemented

Please see attached picture of previous LIS in the resident area near the Oakwood Court nurse's station.

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident nor was there any documentation that the resident was unable to sign or refused to sign.

After the inspection, on [REDACTED] the home did have resident #1 sign the contract.

Plan of Correction

Accept

The violation was corrected on 10/8/21 and presented to the surveyor. An audit of all current resident contracts is to be completed to ensure resident signatures or designated person signatures if the resident is unable to sign. If the resident is unable to sign, the audit will ensure that there is supporting documentation on file. The Director of Personal Care Services or designee will review all new resident contracts to ensure compliance. Audit findings will be reported in the monthly QAPI meeting, QAPI committee will determine the need for future audits.

Completion Date: 11/30/2021

Document Submission

Implemented

Please see attached.

41e - Signed Statement

1. Requirements

2600.

- 41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

41e - Signed Statement (continued)

**Description of Violation**

Resident #1 was admitted to the home on [REDACTED]. Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**Plan of Correction**

**Accept**

This was corrected on 10/8/21. The resident contract contains the resident rights and facility's complaint procedures. Correction for this violation will be included in the audit named for the 25.b. violation. Director of Personal Care Services will review each new resident contract to ensure compliance. Audit findings will be reported to the QAPI committee. The QAPI committee will determine further need for future audits.

Completion Date: 11/30/2021

**Document Submission**

**Implemented**

Please see attached.

54a - Direct Care Staff

**1. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**Description of Violation**

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. The home provided a degree from another country for staff person A, but did not provide documentation of a degree equivalent.

**Plan of Correction**

**Accept**

An audit of current direct care staff will be conducted to ensure a high school diploma or transcript, GED, or active registry status on the PA nurse aide registry. This audit will be completed by the HR Generalist. If the direct care staff person is non-U.S. educated, the audit will ensure that the high school diploma is accompanied with the documentation needed to indicate U.S. equivalency. To ensure compliance, this audit will continue for six months for new hires. Findings will be reported monthly to the QAPI committee. The QAPI committee will determine need for future audits.

Completion Date: 11/30/2021

**Document Submission**

**Implemented**

Please see attached, the staff member is off of the schedule until she has active registry status or can provide her high school diploma/transcript.

65a - FS Orientation 1st Day

**1. Requirements**

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.

65a - FS Orientation 1st Day (continued)

- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

**Description of Violation**

Staff person B was hired [redacted] and staff person C was hired [redacted]. At the time of inspection on 10/7/21, staff person B and C did not receive orientation on the following topics: smoking safety procedures or telephone use and notification of emergency services.

**Plan of Correction**

**Accept**

Staff members B and C received the orientation on smoking safety procedures, telephone use, and notification of emergency services, at the time of survey, their orientation checklists were not located in their HR personnel files. An audit will be conducted by the HR Generalist to ensure all orientation checklists are completed and located in current staff personnel files. To ensure compliance, this audit will continue for six months for new hires. Findings will be reported monthly to the QAPI Committee. The QAPI Committee will determine the need for future audits.

Completion Date: 11/30/2021

**Document Submission**

**Implemented**

Please see attached, each staff member is completing their training prior to their next shift.

65d - Initial Direct Care Training

**1. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.
- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- 3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs

**Description of Violation**

Direct care staff person A was hired on [redacted]. At the time of inspection on [redacted], staff person A did not complete and pass the Department-approved direct care training course and pass the competency test.

On the 2nd day of inspection, [redacted] the home provided a certificate of completion for staff person A. Staff person A completed the training on [redacted].

65d - Initial Direct Care Training (continued)

Plan of Correction

Accept

An audit will be conducted by the HR Generalist to ensure that all current Direct Care staff members have completed and passed the Department approved direct care training course and competency test. Audit findings will be reported to the QAPI committee. The audit will continue for six months for new hires, findings will be reported monthly to the QAPI committee. The QAPI committee will determine the need for future audits.

Completion Date: 11/30/2021

Document Submission

Implemented

Please see attached, each staff member is completing their competency test prior to their next shift.

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room 19.

Plan of Correction

Accept

A weekly audit for four weeks will be completed by the Director of Personal Care Services or designee to ensure all resident telephones have emergency numbers secured to them. Findings will be reported to the QAPI Committee. Emergency phone number stickers have been added to the new resident admission checklist. Emergency phone numbers will be audited quarterly and reported to the QAPI Committee. The QAPI Committee will determine the need for further audits.

Completion Date: 12/10/2021

Document Submission

Implemented

Please see the attached picture showing the stickers placed on all resident telephones. Audit is in progress.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 10/8/21 at 11:15am, the temperature in the refrigerator on Shorehouse was 50 degrees Fahrenheit and at 12:50pm the temperature was still 50 degrees Fahrenheit.

The temperature in the refrigerator on Homestead was 46 degrees Fahrenheit and at 12:50pm.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept

At the time of survey, the refrigerator thermometers were stored on the refrigerator door. In order to ensure accurate temperature readings, the thermometers will be stored in the back of the refrigerator. Temperature log audits will occur weekly for four weeks to ensure appropriate temperature readings. Audit will be completed by the Director of Personal Care Services or designee. Findings will be reported to the QAPI Committee, the QAPI Committee will determine the need for future audits.

Completion Date: 12/10/2021

Document Submission

Implemented

Please see the attached picture showing the refrigerator temperature logs that are currently being audited.

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

The home's emergency procedures are now posted at the sign-in table by the Oakwood Court Nurses' Station. A weekly audit will occur for four weeks to ensure the emergency procedures are located in their designated area. Audit is to be conducted by the Director of Personal Care Services or designee, findings will be reported at the monthly QAPI committee. The QAPI committee will determine the need for future audits.

Completion Date: 12/10/2021

Document Submission

Implemented

Please see the attached picture showing the emergency procedures posted at the Oakwood Court resident area near the nurse's station.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] There was no documentation that resident #1 was educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept

This violation was corrected during the time of survey and shown to the surveyor. The notice of the Resident Right to Refuse is located in the resident contract. An audit of all current resident contracts is to be completed by the Director of Personal Care Services or designee to ensure resident signature and acknowledgement of the right to refuse. The Director of Personal Care Services will review all new resident contracts. Audit findings will be reported to the QAPI Committee. The QAPI Committee will determine the need for future audits.

Completion Date: 11/30/2021

191 - Resident Right to Refuse (continued)

Document Submission

Implemented

Please see attached.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's support plan, dated [REDACTED] was incomplete at the time of inspection on 10/7/21. Page 7, 8, 10 and 11 was incomplete and did not document the residents dental care, dietary restrictions, psychological and/or medical diagnosis or behavior and cognition, respectively.

On the 2nd day of inspection, 10/8/21 the home had completed resident #2's support plan.

Plan of Correction

Accept

All current resident support plans will be audited to ensure that support plans are complete. Ongoing audits will occur monthly for six months for new residents. Audits will be conducted by the Care Coordinator or designee. Findings will be reported to the QAPI Committee. The QAPI Committee will determine the need for future audits.

Completion Date: 12/31/2021

Document Submission

Implemented

Please see the attached audit templates that the Care Coordinator is completing to ensure compliance.

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) by room 24 or by the playground patio exit.

Plan of Correction

Accept

Plaques will be placed near the key pads that allow entry and exit to outside areas. The plaques indicate the entry and exit code conspicuously. An audit will be completed weekly for four weeks to ensure that the plaques are in their designated areas. Audit findings will be reported to the QAPI Committee, the QAPI Committee will determine the need for future audits.

Completion Date: 12/10/2021

**233c - Key-Locking Devices (continued)****Document Submission****Implemented**

*Please see the attached pictures showing the plaques posted near each key pad. Each plaque has a picture of a letter addressed to someone. The key pad code is indicated where the return address is located.*