

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

July 10, 2023

[REDACTED], ADMINISTRATOR  
SENIOR CARE OLM NORTH LLC  
2901 HARRISBURG PIKE  
LANDISVILLE, PA, 17538

RE: OAK LEAF MANOR NORTH  
2901 HARRISBURG PIKE  
LANDISVILLE, PA, 17538  
LICENSE/COC#: 33328

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/31/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: OAK LEAF MANOR NORTH License #: 33328 License Expiration: 06/01/2024  
 Address: 2901 HARRISBURG PIKE, LANDISVILLE, PA 17538  
 County: LANCASTER Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: SENIOR CARE OLM NORTH LLC  
 Address: 2901 HARRISBURG PIKE, LANDISVILLE, PA, 17538  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: 1 2 Date: 10/20/2015 Issued By: East Hempfield Township

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 125 Waking Staff: 94

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 05/31/2023

**Inspection Dates and Department Representative**

05/31/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 135 Residents Served: 95

**Secured Dementia Care Unit**  
 In Home: Yes Area: Friendship Place Capacity: 40 Residents Served: 27

**Hospice**  
 Current Residents: 4

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 95  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 30 Have Physical Disability: 1

**Inspections / Reviews**

**05/31/2023 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/16/2023

**06/23/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: 06/30/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/03/2023

Inspections / Reviews *(continued)*

07/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42b - Abuse

## 1. Requirements

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 [REDACTED]/23, Staff member A walked Resident # 1 to his/her room, pulled the resident's door closed, and forcibly held the door closed preventing Resident #1 from leaving the room. This incident was witnessed by another staff member in the home who stated that Resident #1 was trying to leave his/her room and could not because Staff member A was holding the door shut.

Repeat Violation - 4/4/23

## Plan of Correction

Accept [REDACTED] - 06/23/2023)

A report of abuse was made to nurse management on [REDACTED]/23, alleged perpetrator was suspended by nurse leadership on [REDACTED]/23 pending investigation so that no contact with residents could be made for safety purposes. Resident was assessed for injuries on [REDACTED]/23 by nurse management, and no ill effects were noted mentally or physically. Resident lives on the secured dementia care unit and due to diagnoses could not recall incident or verbalize with staff about it. Resident's behavior seemed as per [REDACTED] baseline. Director of Wellness contacted Lancaster County Area on Aging to report suspected abuse on [REDACTED]/2023 and was told verbally that no ACT 13 form was required for this incident. Director of Wellness did not take down the name of the AAA personnel. Director of Wellness faxed Incident Reporting form on [REDACTED]/2023 to DHS which is within the required timeframe per 2600 regulations. Director of Wellness took written statements from the person who witness the incident and spoke with the alleged perpetrator who admitted to holding the door closed at that time. Resident's responsible parties were also notified by Director of Wellness and Dementia Program Director on [REDACTED]/23. After speaking with the alleged perpetrator the Director of Wellness came to the decision that the alleged perpetrator needed further education to ensure understanding of how to appropriately respond to residents with dementia before working with the resident involved again. The alleged perpetrator was counseled and was not to work on Floor 1 of the SCDU until further education was completed.

It is important to ensure ongoing education is provided to staff upon hire, annually, and anytime a concern is noted to refresh important information. Staff upon hire go through an orientation process of policies and procedures which includes resident rights that state residents may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way, and also that a resident shall be treated with dignity and respect. They are also oriented to requirements regarding reporting resident abuse and other reportable incidents which speaks about the importance of reporting as soon as an incident occurs so that we can keep our residents as safe as possible. Administrator and Nurse Leadership is on call 24/7 to take calls of suspected abuse or other reportable incidents so that incidents can be handled per policy and regulations for resident safety. During orientation new staff also learn about dementia and other cognitive impairments as this is a population that our community serves, and it is very important for our staff to be able to engage with all of our residents in an appropriate manner that allows them to feel safe and well-cared for. Staff also review the company employee handbook which talks about customer, resident and visitor relations in section 10. They must sign and acknowledge all trainings. Annually staff are assigned trainings to reinforce policies, procedures, and proper care for our residents. Our community uses the Relias Learning Platform as part of our training plan and staff are required to complete the interactive training. These trainings are assigned quarterly and ultimately all must be completed prior to the end of

**42b - Abuse (continued)**

the calendar year. One training for 2023 is called "About Caregiver Conduct" and is a 1-hour training which includes maintaining professional boundaries, reporting abuse, misconduct, and misappropriation, and engaging in ethical and professional behaviors. Another is our annual employee education review which details the above information as well. Staff are training in direct care and dementia care for a total of at least 18 hours annually. The Human Resources Director and Administrator ensure training hours are completed per regulations at the end of each calendar year. During resident council meetings and daily/ongoing, residents are encouraged to see administrator or any other member of leadership with concerns of any nature so that they feel heard and can remain comfortable and safe in their home. Resident Council Meetings are held once monthly on varying days. Administrator has an open-door policy with all residents and confidentiality is of the utmost importance when any member of staff or residents are discussing concerns so that no concern of retaliation would take place, as the community has a zero-tolerance stance on retaliation.

On April 26th, 2023, Administrator held a staff meeting at three different times to accommodate all staff. Abuse and reporting procedures/requirements will be discussed again in person at that time for ongoing education to attempt to prevent any further incident from happening again. On 6/13/2023, Administrator held a mandatory nurse leadership meeting which further outlined the Abuse Reporting policy for Oak Leaf Manor North and discussed what a proper investigation should look like. In this instance, the investigation concluded due to the employee admitting wrongdoing and voicing the need for more education/understanding. More employee statements should have been taken even if they indicated no knowledge of the incident. The name of the AAA employee should have been documented as well. With the training to nurse leadership on 6/13/23 these things will happen in the future to ensure a more complete investigation. Administrator has reached out to several agencies to schedule a speaker to come in and speak with the entire staff for a mandatory staffing meeting on Abuse/Neglect and Abuse Reporting as well. Awaiting response, however, this training will be scheduled by 7/1/23 and completed by 7/30/23. Any staff who do not attend will be counseled individually to ensure they receive this very important information for safety purposes for all of our residents.

Licensee's Proposed Overall Completion Date: 07/30/2023

Implemented ( ) - 07/03/2023

**144c1 Smoking Area Guidelines****2. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

The home permit's smoking in the "smoking hut" off of one of the main wings in the personal care section of the home. The SDCU courtyard is not an approved and designated smoking area on the property. However, there was a small metal can used to extinguish smoking products sitting on top of one of the patio tables in the SDCU courtyard. This can was in close proximity to the patio umbrella. This can contained approximately two (2) inches of colored gravel and at least nine (9) cigarette butts and the remains of a cigar. In addition, at least three cigarette butts were found in the mulch in various places in the SDCU courtyard. The furniture in the courtyard beside this patio table is not made of fire-resistant material.

**144c1 - Smoking Area Guidelines (continued)****Plan of Correction****Accept (█ - 06/23/2023)**

*For fire safety purposes, it is imperative that staff, families, and residents comply with our smoking policy of only smoking at the hut off of A wing. At the time of inspection, staff were accompanying one resident who resides on the SDCU to the SDCU courtyard to smoke due to her dx of dementia and need for a secured environment. However, this was not changed in the smoking policy, and this encouraged others that it was an appropriate place to smoke as well. On 5/31/23, upon discovering the can and butts, all items were disposed of immediately by Administrator. Memory Care Leadership staff will inspect the courtyard once weekly for four weeks to ensure no cigarette butts or smoking receptacles are found. On 5/31/23, all staff on the unit at that time were educated verbally that the resident they were accompanying would need to be escorted to the smoking hut off of A hall as per policy. As days continued on, other staff were educated to the policy. Resident complaint with being escorted to the end of A Hall with a staff member at all times for safety purposes due to requiring the SDCU.*

**Licensee's Proposed Overall Completion Date: 07/14/2023****Implemented (█ - 07/10/2023)**