

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

August 7, 2023

[REDACTED], ADMINISTRATOR
2901 HARRISBURG PIKE OPERATING COMPANY, LLC
[REDACTED]

RE: OAK LEAF MANOR NORTH
2901 HARRISBURG PIKE
LANDISVILLE, PA, 17538
LICENSE/COC#: 33821

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/18/2023 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 #:** 33821 **License Expiration:**
Address: 2901 HARRISBURG PIKE, LANDISVILLE, PA 17538
County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: 2901 HARRISBURG PIKE OPERATING COMPANY, LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

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:** 142 **Waking Staff:** 107

Inspection Information

Type: Partial **Notice:** Announced **BHA Docket #:** 0
Reason: Complaint, Change Legal Entity **Exit Conference Date:** 07/18/2023

Inspection Dates and Department Representative

07/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: **Residents Served:** 104
Secured Dementia Care Unit
In Home: Yes **Area:** Friendship place **Capacity:** 40 **Residents Served:** 34
Hospice
Current Residents: 6
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 103
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 38 **Have Physical Disability:** 0

Inspections / Reviews

07/18/2023 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/05/2023

08/07/2023 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 08/07/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 08/12/2023

Inspections / Reviews *(continued)*

08/07/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 07/18/23, observed uncovered enabler bars in with openings greater than 4 3/4 inches in resident rooms' A15 and A16, which may result in potential injury to the residents.

Plan of Correction

Accept ([REDACTED]) - 08/07/2023)

Administrator completed an initial audit of every resident room in the facility to document any resident who currently has an enabler bar and whether it is currently covered to prevent injury on 8/2/2023. Enabler bars in A15 and A16 were covered appropriately by Administrator on 7/19//2023. A monthly audit will be completed by the Director of Wellness and/or Memory Care Coordinator on a monthly basis following the initial audit to ensure the enabler bars present in the resident's rooms remain compliant with above regulation. Attachment #1 Initial completed Audit and Attachment #2 Blank Monthly Audit Attachment #3 Pictures of both A15 and A16 enabler bars covered.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented ([REDACTED]) - 08/07/2023)

107c Food/Water 3 Day Supply

2. Requirements

2600.

107.c. The home shall maintain at least a 3 day supply of nonperishable food and drinking water for residents.

Description of Violation

On 07/18/22, the home served 104 residents, requiring 312 gallons of emergency drinking water. However, the home had only 227 gallons of emergency drinking water available. The home does not have a contract with a local bottled water supplier.

Plan of Correction

Accept ([REDACTED]) - 08/07/2023)

Maintenance Assistant obtained an additional 85 gallons of water on [REDACTED]. Administrator feels it is appropriate to hold enough water for 120 residents to ensure the home remains compliant, an additional 50 gallons of water was obtained on 8/2/2023 by Maintenance Assistant. This will ensure that no matter the census of the home at any point, adequate water supply will be obtained. A weekly check of the water supply has been added to the maintenance team weekly checklist via TELS. TELS is the computer system used to track all maintenance audit and checks for the facility. Attachment #1 Picture of current water supply showing 360 gallons. Note: Each container is 5 gallons, totaling 72 containers.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented ([REDACTED]) - 08/07/2023)

107d Procedure Emergency Management Agency Submission

3. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

107d - Procedure Emergency Management Agency Submission (continued)

Description of Violation

The home's written emergency procedures have not been reviewed and sent to the local Emergency Management Agency (EMA) since 2021.

Plan of Correction

Accept (█) - 08/07/2023)

Administrator mailed a letter and the current emergency procedures for Oak Leaf Manor North to Lancaster County Emergency Services on Monday 7/31/23. Administrator will send the current emergency plan on yearly basis in the future. Attachment #1 Emergency Plan letter sent to █ on 7/31/23.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented (█) - 08/07/2023)

227g -Support Plan Signatures

4. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 and Assessor participated in the development of his/her support plan on █. However, the assessor did not sign the support plan.

Plan of Correction

Accept (█) - 08/07/2023)

Dementia Program Director signed missing signature page of Support Plan on 7/19/2023. Attachment #1 Picture of completed signature page. Administrator created a Quarterly Audit to be completed by the Dementia Program Director for Friendship Place and Director of Wellness for Main Wing to ensure RASP signatures are obtained and not missing at any point. The initial audit of RASP signatures for all residents will be completed by Dementia Program Director and Director of Wellness for their areas by 8/18/2023. After the initial audits are completed, a repeat audit will be completed quarterly to ensure compliance. Attachment #2 Blank Audit created for Dementia Program Director and Director of Wellness

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented (█) - 08/07/2023)