

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

August 7, 2023

[REDACTED], EXECUTIVE VICE PRESIDENT
2101 WABANK RD OPERATING COMPANY, LLC
[REDACTED]

RE: OAK LEAF MANOR PERSONAL CARE
RETIREMENT HOME
2101 WABANK RD
MILLERSVILLE, PA, 17551
LICENSE/COC#: 33820

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/20/2023 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 PERSONAL CARE RETIREMENT HOME **License #:** 33820 **License Expiration:**
Address: 2101 WABANK RD , MILLERSVILLE, PA 17551
County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: 2101 WABANK RD OPERATING COMPANY, LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 10/22/2010 **Issued By:** Millersville Borough
Type: I-2 **Date:** 01/10/2014 **Issued By:** Millersville Borough

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 82 **Waking Staff:** 62

Inspection Information

Type: Partial **Notice:** Announced **BHA Docket #:** 0
Reason: Change Legal Entity **Exit Conference Date:** 07/20/2023

Inspection Dates and Department Representative

07/20/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: **Residents Served:** 53
Secured Dementia Care Unit
In Home: Yes **Area:** Friendship Place **Capacity:** 43 **Residents Served:** 20
Hospice
Current Residents: 3
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 52
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 29 **Have Physical Disability:** 0

Inspections / Reviews

07/20/2023 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/03/2023

Inspections / Reviews *(continued)*

07/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/02/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/03/2023

08/07/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/02/2023

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 07/20/23 in Resident Room #B13, there was an uncovered enabler bar with an opening greater than 4 ¾ inches, posing an entrapment hazard.

Plan of Correction

Accept (████ - 07/27/2023)

(Laundry Aide) covered enabler bar in B13 immediately following physical site inspection on 7/20/23. Executive Director completed an audit of all resident's rooms in the facility to ensure no other enabler bars were uncovered. Training document created by Executive Director, regarding enabler bar safety. Training document placed in employee break room, and at each nurses station. Document will be reviewed with all staff members at August staff meeting scheduled for 8/8/23 by Executive Director. Weekly audit sheet created and will be completed by Memory Care Coordinator, to ensure all enabler bars are documented, and are covered for safety. Attached are initial audit on 7/20/23, a blank audit for future use beginning 7/27/23, and the training document created for break room, nurses stations, and staff meeting on 8/8/23.

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

Implemented (████ - 08/07/2023)

82c Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A tube of ██████████, with a manufacture's label indicating "if swallowed call poison and control" and 2 bottles of Signet surface cleaners with a manufacture's label indicating "improper use may result in health and physical harm" were unlocked, unattended, and accessible in the hallway bathroom and kitchenette of the secured dementia care unit (SDCU). The residents in this unit have been assessed as incapable of recognizing and using poisons safely.

Plan of Correction

Accept (████ - 07/27/2023)

(Maintenance Director) removed tube of ██████████ and gave it to the nurse on duty to be locked in medication room immediately during inspection on 7/20/23. 2 bottles of surface cleaner were immediately removed by Memory Care Coordinator, and placed in housekeeping closet behind a locked door following inspection on 7/20/23. Executive Director, completed an audit of all memory care rooms to ensure no further poisonous materials were present. On day of inspection 7/20/23, door to kitchenette was closed, however did not latch properly, Maintenance Director, inspected door further and noted that it did lock. After additional inspection by Executive Director, and Maintenance Director, it was observed that the kitchenette door could be pushed open with force while locked. Maintenance Director, changed hinges on door to a spring closing system and tightened all latch points on 7/26/23. Door tested by Maintenance Director, , and it is no longer able to be pushed open with force. Training

82c Locking Poisonous Materials (continued)

PowerPoint created by Executive Director, and will be reviewed with all staff during August staff meeting scheduled for 8/8/23. Weekly Audit sheet created ensuring no poisonous materials are present and unlocked in memory care unit, and will be completed by Memory Care Coordinator beginning 7/27/23. Attached are the audit completed immediately on 7/20/23, a blank audit sheet that will begin weekly on 7/27/23, and a copy of the training PowerPoint to be shown during staff meeting on 8/8/23.

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

Implemented (█ - 08/07/2023)