

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

November 22, 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 09/25/2023, 09/28/2023 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:** 131      **Waking Staff:** 98

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 09/28/2023

**Inspection Dates and Department Representative**

09/25/2023 - On-Site [REDACTED]  
09/28/2023 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:**      **Residents Served:** 99  
**Secured Dementia Care Unit**  
**In Home:** Yes      **Area:** Friendship Place      **Capacity:** 40      **Residents Served:** 28  
**Hospice**  
**Current Residents:** 4  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 98  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 32      **Have Physical Disability:** 2

**Inspections / Reviews**

09/25/2023 Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/13/2023

10/16/2023 - POC Submission  
**Submitted By:** [REDACTED]      **Date Submitted:** 11/17/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/20/2023

Inspections / Reviews *(continued)*

10/19/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/17/2023

11/22/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Incidents of resident to resident abuse occurred in the home on [redacted] and [redacted]. On [redacted] Staff Member A confirmed Act 13 Mandatory Abuse forms were not completed or submitted to AAA.

Plan of Correction

Accept [redacted] - 10/19/2023)

An Act 13 Written report was completed for the dates listed within this Violation on 10/12/2023 by the Administrator. An Audit will be completed by the Administrator to review all Reportable Incidents submitted in 2023 to ensure that a written Act 13 report was submitted appropriately to AAA. This audit will be completed by 10/20/23. Any missing Act 13 reports that are missing from that completed audit will then be sent to AAA by the Administrator within one week (10/27/23). Additional training was provided to all department directors at stand-up meeting on 10/4/23 regarding appropriate reporting procedures by Administrator. This training included appropriate procedures for reporting incidents on weekends and evenings. The on the floor MT/LPN are instructed to report the incident to the Nurse On Call immediately following. The Nurse On Call is then responsible to complete the appropriate report, whether it be AAA notification with Act 13 or Reportable Incident form. The Nurse On Call is also responsible to notify the Director of Wellness and Administrator of incident immediately. Director of Wellness and Administrator will then ensure appropriate reporting was completed at time of notification. All incidents which occurred over the weekend will be reviewed at stand-up meeting on Monday and all incidents occurred 24 prior will be reviewed the following stand up meeting by Director of Wellness and/or Administrator. The stand-up review will begin October 23rd, 2023. These reporting procedures will be reviewed at each QA meetings going forward along with any reportable incidents for that quarter by the Administrator. The next QA meeting is scheduled for November 6th, 2023.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] - 11/22/2023)

42b - Abuse

2. 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] at approximately [redacted] Resident #1 punched Resident #3 in the face. On [redacted] at approximately [redacted], Resident #1 punched Resident #2 in the chest. Resident #2 then punched Resident #1 in the chest in response. On [redacted], Resident #1 slapped Resident #4 in the face. On [redacted] at approximately [redacted], Resident #1 shoved Resident #5 then pulled Resident #5 into the hallway where Resident #1 then hit Resident #5 in the back of the head. On [redacted], Resident #2 smacked Resident #1 across the face, causing Resident #1's lip to bleed. On [redacted] at approximately [redacted], Resident #1 grabbed Resident #6 by the neck and shook resident #6 several times. On [redacted] during the overnight hours, Resident #1 placed a pillowcase over Resident # 7's face while Resident #7 was sleeping in his/her bedroom.

42b Abuse (continued)

Plan of Correction

Accept (█ - 10/19/2023)

Resident #1 was evaluated by PCP (█) and Psych Nursing (█) to make Medication treatment adjustments. Medication adjustments made on █. The facility provided increased supervision of Resident #1 while █ resided in the home once █ returned from the hospital ER visit on █. Resident #1 was transported to UPMC ER for a 302 evaluation order obtained from Crisis due to increased aggression behaviors on █. Resident was further evaluated by hospital and home deemed it not a safe discharge plan to return on █. Facility unable to safely care for resident and █ increased needs. Resident #1 was discharged from facility on █. Above information was relayed to DHS Director and AAA Protective Services Agent on 10/5/2023. Both agencies in agreement at that time. AAA was in progress of completing a level of care assessment for increased needs as of █ Administrator not aware of final decision. Resident #2 was sent to ER for evaluation due to increased aggression on █ Resident #2 admitted to LGH. Admission Director spoke to case manager of Resident #2 in hospital and expressed concerns of facility being able to safely care for resident #2 with increased aggression and irritability. Resident #2 discharged from facility on █. Facility has adjusted staffing ratios to increase supervision on Memory Care units as of 9/27/23. Administrator to schedule additional training regarding de escalation and re direction techniques with residents with Dementia. Training to be provided by Open Door Training and Development. Administrator contacted Open Door Training and Development on October 6th 2023. Open Door Training and Development trainings are scheduled for the following dates and times. Session #1 November 3rd 8AM and 6 PM, November 6th 10 am and 2 PM. Sessions #2 November 9th at 8 AM, November 10th at 1 PM and November 16th at 2 Pm and 7 PM. All nursing staff and activities staff are mandated to attend both sessions of training. All other departments are encouraged to attend. Session #1 topic is Dementia and Communication and Session #2 topic is Responding to the Behaviors of Dementia. Open Door Training and Development instructor is █ who holds the following certifications, BA, PCHA, CDP, CADDCT, CMDCP, CAED. Administrator to complete audit of all memory care residents and their needs by 10/27/2023. If an alternate need for placement is determined a plan will be addressed by Administrator within one week of audit completion date (11/3/23).

Licensee's Proposed Overall Completion Date: 11/16/2023

Implemented (█ - 11/20/2023)

202 - Prohibitions

3. Requirements

2600.

202. The following procedures are prohibited:

Description of Violation

On █, Staff Member B performed a manual restraint on Resident #1 to reduce Resident #1's ability to move his/her arms.

Plan of Correction

Accept (█ - 10/19/2023)

Staff member B was appropriately disciplined and educated on incident listed in this violation by Administrator on █. Additional training to be scheduled with all staff members on the topics of De escalation techniques and redirection techniques with resident with Dementia by Open Door Training and Development. Administrator contacted Open Door Training and Development on October 6th, 2023. Open Door Training and Development trainings are scheduled for the following dates and times. Session #1 November 3rd 8AM and 6 PM, November 6th 10 am and 2 PM. Sessions #2 November 9th at 8 AM, November 10th at 1 PM and November 16th at 2 Pm and 7

202 Prohibitions (continued)

PM. All nursing staff and activities staff are mandated to attend both sessions of training. All other departments are encouraged to attend. Session #1 topic is Dementia and Communication and Session #2 topic is Responding to the Behaviors of Dementia. Open Door Training and Development instructor is Lori Dierolf who holds the following certifications, BA, PCHA, CDP, CADDCT, CMDCP, CAED. All staff members will be educated on Restraints and Resident Rights by the Administrator at the next scheduled staff meeting which is October 30th, 2023.

Licensee's Proposed Overall Completion Date: 11/16/2023

Implemented ( ) - 11/20/2023

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 displays physical aggression toward residents and staff members and experiences hallucinations. The home failed to complete a new assessment when the condition of Resident #1 changed. As of ( ), Resident #1's current RASP, dated ( ), states Resident #1 has no problem with irritability, agitation, aggression or hallucinations.

Plan of Correction

Accept ( ) 10/19/2023

Resident #1 Current RASP updated by Memory Care Coordinator on 9/25/2023 to reflect appropriate changes with resident. An audit was completed on 10/4/2023 by Memory Care Coordinator on remaining Memory Care residents to ensure all RASPs were updated properly. Memory Care Coordinator to complete quarterly audits going forward to prevent further incidents. Quarterly Audits to begin January 2024, since all audit was completed this month. Education will be provided to all staff members regarding notifying Memory Care Coordinator of any changes in residents by the Administrator at the next staff meeting on October 30th, 2023. Administrator to meet and provide training to Memory Care Coordinator, Resident Care Coordinator and Director of Wellness regarding procedures for updating resident RASPs and what to include on October 24th, 2023.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented ( ) - 11/20/2023

227d - Support Plan Medical/Dental

5. 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

The assessment for Resident #2, dated 9/1/2023, states the resident has no problem with irritability, agitation, or aggression. However, the resident displayed aggression towards other residents and refused personal care while becoming combative with staff members. The resident's RASP did not properly document the resident's mental health or behavioral needs, or the support provided by the home to meet those needs.

## 227d - Support Plan Medical/Dental (continued)

**Plan of Correction****Accept (CR - 10/19/2023)**

Resident #2 current RASP updated with the appropriate changes on [REDACTED] by Memory Care Coordinator. An audit was completed on 10/4/2023 by the Memory Care Coordinator on remaining Memory Care residents to ensure all RASPs were reflecting appropriate needs at that time. Memory Care Coordinator to complete quarterly audits going forward to prevent further incidents. Prescreen form reviewed with Departments Directors and Admissions team to ensure the appropriate information is documented from the initial screen of potential resident to the Initial RASP form by Administrator on 10/4/2023 at Stand-Up Meeting. Quarterly Audits to begin January 2024, since all audit was completed this month. Education will be provided to all staff members regarding notifying Memory Care Coordinator of any changes in residents by the Administrator at the next staff meeting on October 30th, 2023. Administrator to meet and provide training to Memory Care Coordinator, Resident Care Coordinator and Director of Wellness regarding procedures for updating resident RASPs and what to include on October 24th, 2023.

**Licensee's Proposed Overall Completion Date:** 10/30/2023**Implemented ( [REDACTED] 11/22/2023)**