

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

January 8, 2024

[REDACTED] MEMBER
OAK HILL AL OPERATING COMPANY LLC
[REDACTED]
[REDACTED]

RE: OAK HILL MANOR
1020 NORTH UNION STREET
MIDDLETOWN, PA, 17057
LICENSE/COC#: 33759

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2023, 12/01/2023 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 HILL MANOR License #: 33759 License Expiration: 01/26/2024
Address: 1020 NORTH UNION STREET, MIDDLETOWN, PA 17057
County: DAUPHIN Region: CENTRAL

Administrator

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

Legal Entity

Name: OAK HILL AL OPERATING COMPANY LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 10/12/1976 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 12/01/2023

Inspection Dates and Department Representative

11/30/2023 - On-Site: [REDACTED]
12/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 Residents Served: 26

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

11/30/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/23/2023

12/22/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/05/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/02/2024

Inspections / Reviews (*continued*)

01/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired on [REDACTED]/23, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 12/21/2023)

11/30/2023 DHS inspector reviewed staff person A file and found that [REDACTED] high school diploma was missing from [REDACTED] file.

11/30/2023 Personal Care Home Administrator [REDACTED] RN, immediately notified staff person A via telephone to obtain a copy of the high school diploma.

On 11/30/23 staff person A was unable to obtain a copy of [REDACTED] diploma. [REDACTED] RN, PCHA notified this employee that [REDACTED] was unable to work until [REDACTED] obtains a copy or has a notarized letter stating [REDACTED] has a diploma and is received by Oak Hill Village for [REDACTED] employee file.

12/1/2023 [REDACTED] Human Resource Director developed a new hire checklist which added the Diploma/GED which was not previously on the form.

12/1/2023 [REDACTED] Human resource director and [REDACTED] RN PCHA audited the rest of the personal care employee files to ensure they all had a copy of their diploma and/or GED which they all had a copy on file.

12/4/2023 staff person A brought in a copy of [REDACTED] notarized letter to [REDACTED] RN PCHA for [REDACTED] employee file. [REDACTED] was able to resume working for the home.

12/1/2023 [REDACTED] RN PCHA created an Audit form that will be used at the monthly new hire orientation to ensure diploma/GED is obtained on hire and placed in their file. [REDACTED] RN PCHA will sign off each month for the next 4 consecutive months on the audit form after orientation class is completed. dates vary by month.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented [REDACTED] - 01/05/2024)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Resident #3 was not evacuated from the home during a fire drill conducted on 10/8/23.

132d - Evacuation (continued)

Plan of Correction

Accept [redacted] - 12/21/2023)

11/30/2023 DHS inspector reviewed fire drill log and noted that all residents were not evacuated during a fire drill.

12/1/2023 immediate action taken by [redacted] RN PCHA was a staff education was presented and signed by all personal care staff to ensure that they are aware that 100% of the residents must exit the building per the fire expert designation areas every time the fire alarm goes off and for all drills.

12/1/2023 DHS fire drill record and DHS mobility need form will be filled out by [redacted] RN, PCHA for every monthly drill and as needed if the fire alarm sounds. This audit will continue for the next 4 months and then ongoing for all fire drills and fire alarms that sound.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented [redacted] 01/05/2024)

162c - Menus Posted

3. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menus for the weeks of October 29 - November 11 were posted. However, that was not the current week or one week in advance, as required.

Plan of Correction

Accept [redacted] - 12/22/2023)

11/30/2023 DHS inspector reported that the incorrect menus were hanging outside the personal care dining room

11/30/2023 [redacted] RN PCHA immediately obtained the correct menus from the dietary manager [redacted] for the current week and then next week and posted them outside the personal care dining room.

12/1/2023 [redacted] RN PCHA presented an education form to the dietary manager [redacted] stating that every Sunday the menus have to be posted with the current weeks menu and the next weeks menu

12/4/2023 Audit initiated by [redacted] RN PCHA to ensure the correct menu posting outside the personal care dining room. Audit will be completed weekly on every Monday morning by [redacted] RN PCHA for 4 consecutive months

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented [redacted] - 01/05/2024)

185a - Implement Storage Procedures

4. Requirements

2600.

185a - Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 has a glucometer and is prescribed routine blood sugar checks. On 11/30 at 4:15 pm, the glucometer for Resident #1 showed a date and time of 11/27 at 7:11 am.

Resident #2 has a glucometer and is prescribed blood sugar checks three times per day. On 11/30 at 3:28 pm, the glucometer for Resident #2 showed the correct date but the time of 11:53 am (a difference of three hours and 35 minutes).

In addition, for Resident #2, the 11/29/23 7:30 am blood sugar check reads 104 on the Medication Administration Report (MAR); however, there is no reading on the glucometer for the date and time.

The 11/29/23, 11:30 am reading is 103 on the MAR; however, the glucometer shows a reading of 112.

The 11/20/23, 4:30 pm reading is 144 on the MAR; however, the glucometer shows a reading of 142.

Repeat Violation - 11/17/22

Plan of Correction

Accept [redacted] - 12/22/2023)

11/30/2023 DHS inspector noted that the glucometer machine did not display the correct date and time.

11/30/23 Immediately upon notification from surveyor, [redacted] RN PCHA set the correct date and time on both glucometer machines.

11/30/23 DHS inspector noted that the glucometer readings did not match from the machine to the MAR.

12/1/2023 [redacted] RN PCHA provided education to LPN/med techs about proper transcription from the machine to the MAR.

12/1/2023 [redacted] RN PCHA provided education to LPN/med techs about ensuring the correct date/time on the display screen prior to checking a blood sugar.

12/1/2023 [redacted] RN PCHA provided a box for each glucometer machine to include a flowsheet/check off, pen, and the glucometer machine to reduce the risk of transcribing the wrong glucose number and to ensure the accurate date/time on the glucometer machine prior to every use.

12/4/2023 [redacted] RN PCHA will fill out an audit form every Monday for 4 consecutive months to ensure the flowsheet from the glucometer box was filled out and that the machine date/time and transcription in MAR match the glucometer machine.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented [redacted] - 01/05/2024)