

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

October 16, 2024

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

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/04/2024, 09/05/2024 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: 11/21/2024
 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: 1 2 Date: 10/20/2015 Issued By: East Hempfield Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 128 Waking Staff: 96

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 09/05/2024

Inspection Dates and Department Representative

09/04/2024 On Site [Redacted]
 09/05/2024 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 135 Residents Served: 97

Secured Dementia Care Unit
 In Home: Yes Area: Friendship Place Capacity: 34 Residents Served: 30

Hospice
 Current Residents: 6

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 96
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 31 Have Physical Disability: 1

Inspections / Reviews

09/04/2024 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/23/2024

10/01/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: 10/09/2024
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 10/11/2024

Inspections / Reviews *(continued)*

10/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2024

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

In December 2023, during a Christmas Party, Resident [redacted] was observed out of their wheelchair, Staff Member A was observed grabbing resident [redacted] by the shoulder and forcibly pulling Resident [redacted] into their wheelchair. This incident was observed by Staff Member B. However, this allegation of abuse was not reported to the Local Area Agency on Aging.

Plan of Correction

Accept [redacted] - 10/01/2024)

Written report submitted to Local Area on Aging by Administrator on 9/27/2024. Administrator provided verbal education to Staff Member B on 9/5/2024 on procedures and importance of reporting any potential form of abuse to administrator. Abuse reporting to be reviewed at scheduled staff meeting for all staff members on 10/8/2024 by Administrator. Office of Aging Report attached

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented [redacted] - 10/09/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

In December 2023, during a Christmas Party, Resident [redacted] was observed out of their wheelchair, Staff Member A was observed grabbing resident [redacted] by the shoulder and forcibly pulling Resident [redacted] into their wheelchair. This incident was observed by Staff Member B. This incident was observed by Staff Member B. However, this allegation of abuse was not reported to the department.

On [redacted] at approximately 11:00am, Resident [redacted] and Resident [redacted] were observed by Staff Member C on the floor, Resident [redacted] was kicking Resident [redacted] and Resident [redacted] was observed hitting Resident [redacted] legs. Resident [redacted] witnessed Resident [redacted], push Resident [redacted] to the floor. However, this allegation of abuse was not reported to the department until 6/10/24 at 4:00pm.

Plan of Correction

Accept [redacted] - 10/01/2024)

Written Report completed and sent to Department of Human services for Incident on December 2023 on 9/27/24 by Administrator. Report attached. Administrator provided verbal education to Staff Member B on 9/5/2024 on procedures and importance of reporting any potential form of abuse to administrator. Abuse reporting to be reviewed at scheduled staff meeting for all staff members on 10/8/2024 by Administrator. Administrator to review importance of reporting potential resident abuse with all managers at meeting on 9/30/2024. Goodwill Consulting completed training with Memory Care Nursing managers regarding resident-to-resident altercations on 9/25/2024. Completion Certificates attached.

16c - Written Incident Report (continued)

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented [redacted] - 10/09/2024)

42b Abuse

3. 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], Staff Member A was observed by Staff Member B pushing Resident [redacted] down the hall in Resident [redacted] wheelchair, Resident [redacted] was observed putting [redacted] feet down directly on the floor. Staff Member A began forcibly pulling the wheelchair back and pushing the wheelchair forcefully repeatedly, while loudly instructing Resident #1 to lift their feet.

On [redacted] 12:45pm, Resident [redacted] was walking around the community and speaking to [redacted] Resident [redacted] then began walking behind Resident [redacted] Resident [redacted] told Resident [redacted] to [redacted] Resident [redacted] struck Resident [redacted] in the middle of [redacted] back with a closed fist. This incident was witnessed by Staff Member D.

On [redacted] at approximately 11:00am, Resident [redacted] and Resident [redacted] were heard yelling at each other. Resident [redacted] and Resident [redacted] were then observed by Staff Member B on the floor, Resident [redacted] was kicking Resident [redacted] and Resident [redacted] was observed hitting Resident [redacted] legs.

On [redacted] at 2:00pm Resident [redacted] and Resident [redacted] were heard by Staff Member C yelling at each other. Staff Member C approached from around the corner and observed Resident [redacted] on the floor. Staff Member C removed Resident [redacted] from the area. Resident [redacted] was assessed for injuries and was determined to have a bump on [redacted] head. 911 was called and Resident [redacted] was transported to the emergency room (ER) and was admitted. The hospital report dated [redacted] states that resident [redacted] was in ER after an apparent altercation with another resident at their facility and found to have right [redacted]

On [redacted] at 2:00pm Resident [redacted] was walking in the secured memory care and hallway attempted to enter Resident [redacted] room. Resident [redacted] attempted to prevent Resident [redacted] from entering [redacted] room. Resident [redacted] grabbed Resident [redacted] by the forearm, Resident [redacted] yelled "ouch". Resident [redacted] sustained small marble size red marks on their forearm. This incident was witnessed by Staff Member E.

On [redacted], Resident [redacted] was observed eating a piece of watermelon from another resident's plate. Resident [redacted] became upset and attempted to remove the watermelon from Resident [redacted] mouth, Resident [redacted] bit Resident [redacted] finger. Resident [redacted] suffered a bite mark on their finger, stating there was a small amount of blood requiring their finger be examined and treated with ointment.

Plan of Correction

Accept [redacted] 10/01/2024)

Staff Member A suspended pending investigation when allegation reported and subsequently terminated due to resident abuse by Administrator and COO. Termination documents submitted during DHS investigation. Goodwill Consulting completed resident to resident altercation training with Memory Care management team on 9/25/24. This training went into detail regarding prevention, redirection and reaction. Resident Abuse Reporting to be reviewed at staff meeting training with all staff members on 10/8/2024 by Administrator. Administrator and

42b - Abuse (continued)

Memory Care Management team to review Goodwill consulting training material with Personal Care Aids and Certified Medication Technicians at respective meetings on 10/4/24, 10/7/24 and 10/14/24. Memory Care Management team certificates attached.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [redacted] - 10/15/2024)

190a - Completion Medication Course

4. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member G, who has not successfully completed the Department-approved medication administration training administered medications to residents to include the following:

Resident [redacted]

- On [redacted] and [redacted] at 12:00pm and 10:00pm, [redacted] Take 2 Tablets by mouth twice daily.
- On [redacted] at 8:00am, [redacted] 1 tablet by mouth once daily and B Complex 1 Tablet by month once daily.
- On [redacted] and [redacted] at 10:00pm, [redacted] 1 Capsule by mouth at bedtime
- On [redacted] at 8:00am and [redacted] at 8:00am and 5:00pm [redacted] by mouth twice daily.
- On [redacted] and [redacted] at

Plan of Correction

Accept [redacted] - 10/01/2024)

Staff Member G completed appropriate reviews on 9/6/2024 by approved Medication Training Program. Documentation attached. Error was observed during the CMT book review done by Administrator as scheduled. Administrator to continue quarterly audit of CMT book to ensure all appropriate paperwork is obtained and completed. Quarterly audit of this book completed on 9/10/2024 by Administrator. Audit Attached. Next Quarterly Audit due December 2024.

Licensee's Proposed Overall Completion Date: 09/27/2024

Implemented [redacted] - 10/15/2024)

231b - Medical Evaluation

5. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

231b - Medical Evaluation (continued)

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) [redacted]. However the resident's medical evaluation was completed [redacted]

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's medical evaluations completed on [redacted] and [redacted] do not include the resident's diagnosis of [redacted] or other dementia and the need for the resident to be served in a secured dementia care unit.

Plan of Correction

Accept [redacted] - 10/01/2024)

Resident [redacted] evaluated and moved to personal care on 9/10/2024, DME completed by MD on 9/10/2024. DME attached. Audit completed of all current Memory Care residents DME and specifically need to be served in Memory Care completed on 6/21/2024 by Administrator. Although this audit was completed on the most recent DME of each resident, not all DME's on file. This is an annual audit going forward, next due January 2025. New Admissions will be completed during the 72-hour audit of all DHS paperwork by Memory Care Coordinator. Resident 9 11/4/2023 DME corrected by PCP on 9/10/2024 during scheduled rounds. Corrected DME attached. September 10th, 2024, Audit Attached.

Licensee's Proposed Overall Completion Date: 09/27/2024

Implemented [redacted] - 10/15/2024)

234a Admission Support Plan

6. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) [redacted]. However, the resident's initial support plan was completed on [redacted]

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) [redacted] However, the resident's initial support plan was completed on [redacted].

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) [redacted]. However, the resident's initial support plan was completed [redacted]

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed [redacted]

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed [redacted]

Plan of Correction

Accept [redacted] 10/01/2024)

Administrator to review timeline and regulations on completing, developing and implementing resident support plan for our memory care residents with nursing management team on 9/30/2024. Audit to be completed 72 hours after New Admission or transfer by Memory Care Coordinator, this audit will check all DHS required paperwork and that

234a - Admission Support Plan (continued)

s it completed appropriately. Audit Attached.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 10/15/2024)