

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

December 1, 2025

[REDACTED]
2101 WABANK ROAD OPERATING COMPANY LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2025, 10/10/2025 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:** 11/21/2025

Address: 2101 WABANK ROAD, MILLERSVILLE, PA 17551

County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: 2101 WABANK ROAD OPERATING COMPANY LLC

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: I-2 **Date:** 10/22/2010 **Issued By:** Labor & Industry

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 80 **Waking Staff:** 60

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint **Exit Conference Date:** 10/10/2025

Inspection Dates and Department Representative

10/09/2025 - On-Site: [REDACTED]

10/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 82 **Residents Served:** 56

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 43 **Residents Served:** 17

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 24 **Have Physical Disability:** 0

Inspections / Reviews

10/09/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/31/2025

Inspections / Reviews (*continued*)

10/31/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/07/2025

11/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/26/2025

12/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. 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

Resident [redacted] has an order for [redacted] by mouth every 3 hours as needed for pain. On [redacted] Resident [redacted] received [redacted] at 10:29 AM. In the afternoon of [redacted] Resident [redacted] was showing signs of physical pain. Staff members A and B notified the Med-Tech of Resident [redacted]'s need for [redacted]. However, the medication was never administered to the resident. The administrator was informed of this incident of alleged neglect on [redacted] and did not report this incident to the Department.

Plan of Correction

Accept [redacted] - 11/06/2025)

Local Area on Aging office opened investigation into incident. Upon being informed of alleged neglect the Med-Tech responsible was immediately removed from the schedule and then terminated by Administrator after investigation. Employee was terminated on 9/29/25.

Reportable Incident to be completed by Administrator and sent to department by 11/7/2025.

Administrator reviewed list of reportable incidents and conditions with all Directors on 10/22/2025.

Administrator will review all incidents, accidents, and conditions at stand up meeting daily Monday through Friday beginning 10/27/2025 to ensure incident reports are completed when necessary.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented ([redacted] - 12/01/2025)

183b Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

Description of Violation

On [redacted] at approximately 9:31 AM, the following items were unlocked, unattended, and accessible, in Resident [redacted] room:

[redacted] Resident [redacted]'s medical evaluation dated [redacted] indicated the resident cannot self-administer medications.

Repeated Violation [redacted] et al.

183b Meds and Syringes Locked (continued)

Plan of Correction

Accept [redacted] - 11/06/2025)

All medications were removed from Resident's room by Administrator on 10/9/25. An audit will be conducted by Director of Wellness and Memory Care Coordinator by 10/31/25 to ensure no medications are present in a resident's room who is not deemed safe to self administer medications.

A notice has been posted at the front entrance as of 10/22/25 to remind visitors and residents that all medications must be taken to a staff member prior to being taken to a resident's room.

Education to be provided to all staff by Administrator at staff meetings by 11/14/25 regarding medications being kept in an area or container that is locked, including any medications kept in a residents room.

Weekly audit of rooms to be conducted by Memory Care Coordinator to ensure continued compliance beginning 10/27/2025 audit will ensure that no resident who is not deemed safe to self administer medications has medications in their room, and will also ensure any resident who is deemed safe to self administer is keeping medications in a locked area when unattended.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented [redacted] - 12/01/2025)

190a - Completion Medication Course

3. 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 Merson C has not completed the annual medication administration training requirements since initially certified on [redacted] and administered the following medications to Resident [redacted]:

- On [redacted]
- On [redacted]
- On [redacted]
- On [redacted]

Plan of Correction

Accept [redacted] 11/06/2025)

Staff Person C is no longer scheduled for any shifts as a Med Tech, Staff Person C was last scheduled on 9/15/25 as a med tech. If Staff Member C would like to pass medications again [redacted] will take the Department approved medications administration course again.

An audit was completed on 10/10/25 by Administrator of all Med Tech requirements and found no further compliance issues.

Education to be provided to all med techs by 11/14/25 by Administrator regarding annual practicum requirements to remain eligible to pass medications.

Administrator to complete monthly audit beginning 11/10/2025 to ensure all med techs have up to date

190a - Completion Medication Course (continued)

performance-based competency check-offs completed as required by the department.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented ([redacted] - 12/01/2025)

190b - Insulin Injections

4. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Member D completed the Department-approved diabetes patient education program on [redacted] and not again until [redacted]. Staff Member D administered insulin to Resident [redacted] on [redacted], [redacted] and [redacted].

Staff Member E completed the Department-approved diabetes patient education program on [redacted] and not again until [redacted]. Staff Member E administered insulin to Resident [redacted] on [redacted] and [redacted].

Staff Member F completed the Department-approved diabetes patient education program on [redacted] and not again until [redacted]. Staff Member F administered insulin to Resident [redacted] on [redacted] and [redacted].

Plan of Correction

Accept ([redacted] - 11/06/2025)

An audit was conducted by Administrator on 10/13/2025 to ensure all med techs had active diabetic training completed that was less than 1 year old. All med-techs have current training.

Education to be provided to all med-techs by Administrator by 11/14/25 to review requirements of annual department approved diabetic training.

Administrator will conduct monthly audit beginning 11/10/25 to ensure all med-techs have up to date, department approved diabetic training and is scheduled annually for training prior to the date of expiration on the current certificate on file.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented ([redacted] - 12/01/2025)

225c - Additional Assessment

5. Requirements

2600.

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

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

225c - Additional Assessment (continued)

Description of Violation

Resident [redacted] most recent assessment, completed [redacted] indicated a need for cueing and prompting when eating meals. Multiple staff interviews indicated Resident [redacted] requires physical assistance to eat during mealtimes. The assessment has not been updated to reflect the resident's care need of physical assistance eating.

Resident [redacted] most recent assessment, completed on [redacted], indicated the resident has no dietary needs. However, the resident's medical evaluation, completed [redacted] indicated the resident requires a mechanical soft diet. Resident [redacted] current assessment does not include the dietary need.

Plan of Correction

Accept [redacted] - 11/06/2025)

Residents [redacted] and [redacted] assessments were updated on 10/27/2025 by Director of Wellness.

Director of Wellness was educated by Administrator on 11/3/25 regarding updating assessments as needs of a resident changes and ensuring annual updates include the resident's most recent needs.

An audit is to be completed of all resident assessments to ensure accuracy by 11/30/2025 by Director of Wellness and Administrator.

A monthly audit of 10 random resident charts to be completed by Director of Wellness to ensure continued compliance beginning by 12/30/25.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 12/01/2025)

227d - Support Plan Medical/Dental

6. 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 [redacted] dated [redacted], indicated the resident has a need for assistance ambulating. The resident utilizes a wheelchair and the support plan, dated [redacted], does not include the use of this device.

Plan of Correction

Accept [redacted] - 11/06/2025)

Resident [redacted] support plan was updated on 10/27/2025 by Director of Wellness.

227d - Support Plan Medical/Dental (continued)

Director of Wellness was educated by Administrator on 11/3/25 regarding updating the resident's support plans as the needs of the resident changes, and ensuring annual updates include most recent supports.

An audit is to be completed of all resident assessments to ensure accuracy by 11/30/2025 by Director of Wellness and Administrator.

Monthly audit of 10 random resident charts to be completed by Director of Wellness to ensure continued compliance beginning 12/30/25.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 12/01/2025)

252 - Record Content

7. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

On [redacted], Resident [redacted]'s record did not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept [redacted] - 11/06/2025)

New photo printed of resident on 10/10/2025 and placed in record by Director of Wellness.

Director of Wellness educated by Administrator on 11/3/25 regarding compliance with photographs in resident records. Education provided that photographs must be current within 2 years.

An audit of all resident charts to be completed by 10/31/2025 by Director of Wellness to ensure all resident's have photos that are current within two years.

Director of Wellness to complete a monthly audit of 10 random charts to ensure continued compliance beginning 11/30/25. **(Directed) Monthly audits will begin by 11/1/25-[redacted]**

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented ([redacted] - 12/01/2025)