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

December 4, 2025

[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 10/15/2025 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 NORTH* **License #**: *33821* **License Expiration**: *11/21/2025*

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**: *149* **Waking Staff**: *112*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *10/15/2025*

Inspection Dates and Department Representative

10/15/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *135* **Residents Served**: *109*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Friendship Place* **Capacity**: *34* **Residents Served**: *37*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *107*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *40*

Have Physical Disability: *1*

Inspections / Reviews

10/15/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/06/2025*

11/07/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/03/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/13/2025*

Inspections / Reviews *(continued)*

11/13/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/03/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *12/03/2025*

12/04/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/03/2025*

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

On [redacted], Resident [redacted] was admitted to Lancaster General Hospital with a diagnosis of [redacted] in a [redacted] located on the resident's scalp after maggots and eggs were discovered in the lesion by the home's staff. The resident was discharged on [redacted] with a [redacted] for the continued administration of IV antibiotics. The home did not report this incident to the Department.

Repeated Violation - [redacted]

Plan of Correction ***Accept[redacted] 11/07/2025)***

Reportable Incident completed by Administrator 11/6/25 and submitted to Department. Document attached. All Nursing Directors to be educated by Administrator regarding Reportable Incidents on 11/10/25. This education will include "any change in health status where the cause is unknown but warrants hospital treatment. Nursing directors include Memory Care Coordinator, Resident Care Coordinator and Director of Wellness. Facility will continue daily to overview all incidents at stand up each morning and discuss whether incident is deemed reportable or not. All nursing staff will be educated by Administrator regarding Reportable Incidents at Staff Meeting scheduled for 11/18/25 and 11/19/25.

Licensee's Proposed Overall Completion Date: *11/19/2025*

Implemented[redacted] - 12/04/2025)

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

On [redacted] at 9:26 AM, a 19oz. can of Lysol and a 24 fl. oz. bottle of Clorox toilet bowl cleaner with manufacturer's labels indicating "call a poison control center or doctor for treatment advice" were in an unlocked housekeeping cart, unattended, and accessible to residents in the home's secured dementia care unit (SDCU). Not all residents in the SDCCU have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept[redacted] - 11/07/2025)***

Housekeeping cart in question was locked immediately by Housekeeper on duty per instruction from Administrator on 10/15/25. Education will be provided to all Housekeeper on 11/10/25 by Housekeeping Supervisor regarding the importance of ensuring poisonous materials shall be kept locked and inaccessible to residents unless deemed safe. Housekeeping Supervisor to complete a daily audit of housekeeping carts to ensure they are locked for five days starting 11/10/25, then weekly starting 11/17/24 times four weeks, then monthly starting 1/1/26. This regulation and violation will also be reviewed with all staff by Administrator at all staff meeting scheduled 11/18/25 and 11/19/25.

Licensee's Proposed Overall Completion Date: *11/19/2025*

82c Locking Poisonous Materials *(continued)*

Implemented [redacted] 12/04/2025)

121a Unobstructed Egress

3. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:28 AM, a walker and several window screens blocked the egress of home's rear stairwell exit from the secured dementia care unit.

Plan of Correction ***Accept [redacted] - 11/07/2025)***

Walker and Screens removed from egress routes immediately at time of inspection on 10/15/25 by Administrator. Maintenance Staff educated at time of Inspection by Administrator on 10/15/25. Maintenance had been performed work on window which cause screen to be removed. Education will be provided to all Staff at Monthly Staff meeting scheduled for 11/18/25 and 11/19/25 by Administrator regarding full regulation and importance of compliance. Maintenance Director to complete a daily audit of egress routes starting 11/10/25 for 5 days, then weekly starting 11/17/25 for four weeks then monthly starting 1/1/26.

Licensee's Proposed Overall Completion Date: *11/19/2025*

Implemented [redacted] - 12/04/2025)

141a 1 10 Medical Evaluation Information

4. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] medical evaluation, completed [redacted], did not include the resident's medical diagnosis of [redacted] or medical treatment pertinent to this diagnosis and treatment; the onset of Resident [redacted] diagnoses was [redacted]

Repeated Violation - [redacted], et al

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction ***Accept [redacted] - 11/13/2025)***

Resident diagnosis of [redacted] added to resident medical evaluation by Administrator on 11/6/25 and sent to resident MD for signature. Education to be provided to all Nursing Directors on 11/10/25 regarding regulation and importance of compliance, additionally the importance of ensuring any new diagnosis be added and New DME completed by MD. Nursing directors to complete an audit of 15 resident charts monthly to ensure all diagnosis are properly documented starting 11/20/25.

Licensee's Proposed Overall Completion Date: *11/20/2025*

Implemented ([redacted] - 12/04/2025)

185a - Implement Storage Procedures

6. Requirements

2600.
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

The home received instructions for care for Resident [redacted] on [redacted] scalp as follows:

- *On [redacted]-Bayada Home Health Services provided instructions to clean the wound with soap and water, pat dry and leave the area open to air 2-3 times per week.*
- *On [redacted]-A Penn Med after-visit summary provided instructions to clean the wound with soap and water on Monday, Wednesday and Friday's, dressing type Santyl, Mepilex (absorbent foam dressing), secure dressing with mesh stocking or hat.*
- *On [redacted] A Penn Med after-visit summary provided instructions to apply Santyl to wound base, cover with silicone foam dressing; nursing to shave head to facilitate dressing adherence as needed; able to keep dressing on with hat or mesh.*

The home did not have a process in place to ensure the above treatments were provided and documented in the resident's record.

Plan of Correction ***Accept ([redacted] - 11/13/2025)***

Administrator will create a policy with COO approval by 11/14/25. This policy will include procedures for facility to ensure treatments provided by any "Outside Agency" are provided and documented properly in resident's record. Director of Wellness to complete audit of all treatments currently being provided to residents by "outside agency" to ensure they are properly documented by 11/20/25. Director of Wellness will complete monthly audit starting 11/20/25 to ensure continued compliance. Director of Wellness to also complete an audit of treatments performed by in house staff to ensure they are properly followed and documented by 11/20/25. An ongoing Monthly audit will be completed by Director of Wellness starting 11/20/25. Nursing Directors will be educated on this regulation on 11/10/25 by Administrator.

Licensee's Proposed Overall Completion Date: *11/20/2025*

Implemented [redacted] - 12/04/2025)

187b - Date/Time of Medication Admin.

7. Requirements

2600.

187b - Date/Time of Medication Admin. *(continued)*

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] was prescribed [redacted] take 2 tablets by mouth three times daily for high blood pressure. The resident's September 2025 Medication Administration Record did not include the initials of the staff person who administered this medication on [redacted] at 21:33.

Plan of Correction ***Accept [redacted] - 11/07/2025)***

Staff member held medication on 9/26/25 due to decreased blood pressure. Staff member was educated on properly documenting this nursing measure within resident MAR by Administrator on 10/15/25. All CMT's and Nursing Directors to be educated on this regulation and importance of compliance on 11/10/25 by Administrator. A Weekly audit on all resident MAR's will be completed by Director of Wellness starting 11/10/25 for four weeks, then a monthly audit will be completed starting 1/1/25 to ensure compliance through proper documentation.

Licensee's Proposed Overall Completion Date: *11/10/2025*

Implemented [redacted] - 12/04/2025)

190a - Completion Medication Course

8. 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 A did not successfully complete a medication administration annual practicum as evidenced by the lack of one medication record review and one medication administration observation between [redacted] and [redacted] Staff member A administered medications to resident [redacted] on the following dates and times:
On [redacted] at 17:00, [redacted]
On [redacted] at 20:00, [redacted]
On [redacted] at 20:00, [redacted]

Repeated Violation - [redacted] et al

Plan of Correction ***Accept [redacted] - 11/13/2025)***

Staff member removed from Medication Cart to administer medication by Administrator on 10/24/25. Staff member chose to leave and end employment with facility at that time (10/24/25). Administrator to complete audit of all CMT paperwork by 11/14/25. Administrator to create calendar of "check offs" due at completion of audit to assist in ensuring compliance and reviewed monthly starting 11/14/25. Calendar will have each CMT check off dates recorded for accuracy purposes. Administrator to complete audit of CMT paperwork Monthly starting 11/14/25. This audit will ensure each CMT has all appropriate documentation per regulation. Education to be provided to all Nursing Directors, CMT's and Human Resources Director regarding appropriate paperwork and medication reviews on 11/10/25.

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

190a - Completion Medication Course *(continued)*

Implemented [redacted] 12/04/2025)

225c - Additional Assessment

9. 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 [redacted] assessment, dated [redacted], indicated that the resident had minimal problems with orientation to time, place, and person and was supported with gentle reminders to orient [redacted] to time, place and person. The assessment indicated that [redacted] had no problems with judgment and minimal problems with short-term and long-term memory. However, the resident has left or has attempted to leave the building in moments of confusion and had to be escorted back. These incidents occurred on [redacted], and twice on [redacted] Resident [redacted] has required 30-minute checks since [redacted]. Resident [redacted] assessment has not been updated to reflect these changes in the resident's needs.

Resident [redacted] assessment, dated [redacted], indicated the resident is independent for turning and positioning in bed. However, Resident [redacted] utilizes a bedside mobility device. The resident's assessment has not been updated to reflect the use of the bedside mobility device.

Plan of Correction ***Accept [redacted] 11/07/2025)***

Resident assessment updated to reflect all above changes by Administrator on 11/6/25. Education to be provided to all Nursing Directors on 11/10/25 regarding importance of updating resident assessments when any changes may occur by Administrator. Education to be provided to all staff at scheduled staff meeting on 11/18/25 and 11/19/25 by Administrator to ensure staff member understand importance of notifying nursing supervisors of any changes observed. Resident assessment audit to be completed by Nursing Directors to ensure compliance by 11/30/25. RCC and Director of Wellness to also complete room audits of all residents to ensure all bedside mobility devices are documented properly by 11/14/25. Audits will then be completed monthly by DOW and RCC starting 12/1/25. A monthly audit of 15 resident assessments will be completed monthly starting 1/1/26 by nursing directors to ensure compliance.

Licensee's Proposed Overall Completion Date: *12/01/2025*

Implemented ([redacted] - 12/04/2025)

251b - Record Entries Legible

10. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident [redacted] physician's communication sheets dated [redacted] for a verbal order to obtain a [redacted] and on [redacted] for blood pressure medication management and to request to discontinue [redacted]

251b Record Entries Legible *(continued)*

Plan of Correction ***Accept[redacted] 11/13/2025)***

A New order will be obtained from MD by 11/7/25 by Administrator for order in question. Education will be provided to all staff at Staff Meeting scheduled on 11/18/25 and 11/19/25 by Administration regarding above regulation and not using any type of correction fluid on resident records. All CMT's and nursing Directors will be additionally educated on 11/10/25 by Administrator. Nursing Directors will complete a monthly audit of 15 residents to ensure regulation is in compliance starting 11/20/25. This audit will be completed concurrent to the Assessment Audit.

Licensee's Proposed Overall Completion Date: *11/20/2025*

Implemented ([redacted] - 12/04/2025)