pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **2901 HARRISBURG PIKE OPERATING COMPANY LLC**
LEGAL ENTITY

To operate **OAK LEAF MANOR NORTH**
NAME OF FACILITY OR AGENCY

Located at **2901 HARRISBURG PIKE, LANDISVILLE, PA 17538**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **135**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 21, 2026** until **January 21, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338211**

ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JULY 21, 2026

[redacted]

RE: Oak Leaf Manor North
2901 Harrisburg Pike
Landisville, PA 17538
License/COC #: 338211

[redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on April 24, 2026 of the above facility, the violations specified on the enclosed Licensing Inspection Summaries (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance License #338210 dated November 21, 2025 to November 21, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (4); (5) and 55 Pa. Code §20.71(a)(2); (3) ;(4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from JULY 21, 2026 to JANUARY 21, 2027.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
PH: [redacted]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *OAK LEAF MANOR NORTH* **License #**: *33821* **License Expiration**: *11/21/2026*

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 townshi*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *152* **Waking Staff**: *114*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**: *0*

Reason: *Incident* **Exit Conference Date**: *04/24/2026*

Inspection Dates and Department Representative

04/24/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *135* **Residents Served**: *114*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Friendship place* **Capacity**: *40* **Residents Served**: *35*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *110*

Diagnosed with Mental Illness: *no* **Diagnosed with Intellectual Disability**: *no*

Have Mobility Need: *38* **Have Physical Disability**: *1*

Inspections / Reviews

04/24/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/15/2026*

Inspections / Reviews *(continued)*

05/18/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/02/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *05/25/2026*

06/02/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/02/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/02/2026*

07/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/02/2026*

Reviewer: [redacted] **Follow Up Type:** *Enforcement*

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for Resident [redacted] was not signed by the resident.

Plan of Correction ***Accept ([redacted] - 05/26/2026)***

Resident-home contract was documented "Resident unable to sign due to Diagnosis of Dementia" via Administrator on 4/25/2026. Resident- Home contract was properly signed by Power of Attorney and Home Designee. Resident resides on Secured Dementia Unit at this time. Administrator to provide training to Sales Director regarding proper documentation on Resident- home contracts. This training will include specific instructions on when and if a resident refuses or cannot physically sign for any reason. This training will take place on 5/29/26. Administrator will complete an audit of all Memory Care Resident- Home Contracts to ensure proper documentation. This audit will be completed by 5/22/26 to ensure current compliance. Administrator will complete audit of all new admission contracts with 48 hours on admission, this will begin 6/1/26. Regulation will be reviewed with all staff members by Administrator at next scheduled staff meetings on 6/2/26 and 6/3/26.

Licensee's Proposed Overall Completion Date: *06/03/2026*

Not Implemented [redacted] - 07/08/2026)

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 8:30 PM, Staff Member A saw Resident [redacted] in the Secure Dementia Care Unit kitchen, where residents are not permitted. Staff Member A asked Resident [redacted] to leave the kitchen, and the resident attempted to hit Staff Member A. Then Staff Member A turned around and left the kitchen. Resident [redacted] followed Staff Member A out of the kitchen and into the dining room. Staff Member B was sitting in the dining room. Staff Member A then observed Staff Member B and Resident [redacted] "going back and forth". Staff Member A stated Staff Member B was "antagonizing" Resident [redacted] In response, Resident [redacted] stated [redacted] was going to hit Staff Member B with [redacted] walker. Resident [redacted] began walking toward Staff Member B. Staff Member B "jumped" up and kicked Resident [redacted]s walker away from the resident.

Then Staff Member B pushed Resident [redacted] to the ground. Staff Member B grabbed the resident's wrist and began dragging the resident to [redacted] room. Staff Member B closed the door with the resident in the room and firmly held the doorknob, preventing the resident from leaving the room. Resident [redacted] was yelling and pounding on the door to be let out. Staff Member B refused to let the resident out of the room. Staff Member A heard Staff Member B curse at the resident and call [redacted] a [redacted]" Additional staff members, including Staff Members C and D, intervened in an effort to have Staff Member B release Resident [redacted] from the room. As the situation escalated, law enforcement and EMS were contacted. Upon arrival, law enforcement arrested Staff Member B. Resident [redacted] was transported to the hospital. As a result of the incident, Resident [redacted] was diagnosed with [redacted] and a [redacted]. Staff Member B was terminated and the home sent Staff Member B a "No Trespass" notice on [redacted]. Staff Member B

42b Abuse (continued)

was charged with abuse of a care dependent person, false imprisonment and harassment.

Plan of Correction ***Directed [redacted] - 06/02/2026)***

Staff members responded appropriately to incident that took place. Human Resource Director completed background check on staff member B prior to hiring. Staff member B was terminated immediately, no trespass notice sent and charged with above noted charges. All employees involved cooperating with law enforcement and ongoing case. Administrator to research and schedule an appropriate interactive training with all staff members regarding Abuse and Neglect of Dementia residents. This training will be scheduled by 5/31/26. Administrator to research and schedule additional trainings on the following subjects for all staff members, Mental Health Assistance, De escalation techniques and dealing with residents with difficult or physical behaviors by 5/31/26. Administrator will review all Abuse and Neglect reporting guidelines to staff and next scheduled staff meetings on 6/2/26 and 6/3/26. Administrator will complete 10 resident interviews on a monthly basis to ensure residents feel safe and respected. This will start 6/1/26 and end 12/31/26.

[Directed]

- *In addition to the steps above, per e mail received from the Administrator on 6/1/26, all staff will complete a training with Open Door Training and Development on 7/2/26. This training will be offered multiple times throughout the day to ensure all staff can attend. Topics will include Overall Dementia related topics, Dealing with Difficult behaviors, De escalation techniques, resident abuse and resident restraint. Documentation of this training will be kept and available for review by the Department.*

Directed Completion Date: *07/02/2026*

Not Implemented [redacted] - 07/08/2026)

202 - Prohibitions

3. Requirements

2600.
202. The following procedures are prohibited:
1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

Description of Violation

On [redacted], at approximately 8:30 PM, Staff Member B grabbed Resident [redacted]s wrist and began dragging the resident to [redacted] room. Staff Member B closed the door with the resident in the room and firmly held the doorknob, preventing the resident from leaving the room. Resident [redacted] was yelling and pounding on the door to be let out. Staff Member B refused to let the resident out of the room. Additional staff members, including Staff Members C and D, intervened in an effort to have Staff Member B release Resident [redacted] from the room.

Plan of Correction ***Directed [redacted] - 06/02/2026)***

Staff members responded appropriately to incident that took place. Human Resource Director completed background check on staff member B prior to hiring. Staff member B was terminated immediately, no trespass notice sent and charged with above noted charges. All employees involved cooperating with law enforcement and ongoing case. Administrator to research and schedule an appropriate interactive training with all staff members regarding Abuse and Neglect of Dementia residents. This training will be scheduled by 5/31/26. Administrator to research and schedule additional trainings on the following subjects for all staff members, Mental Health Assistance, De escalation techniques and dealing with residents with difficult or physical behaviors by 5/31/26. Administrator will review all

202 Prohibitions (continued)

Abuse and Neglect reporting guidelines and seclusion to staff and next scheduled staff meetings on 6/2/26 and 6/3/26. Administrator will observe 10 resident interactions with staff members monthly to ensure positive interventions are being used. This will begin 6/1/26 and end 12/31/26.

[Directed]

- *In addition to the steps above, per e mail received from the Administrator on 6/1/26, all staff will complete a training with Open Door Training and Development on 7/2/26. This training will be offered multiple times throughout the day to ensure all staff can attend. Topics will include Overall Dementia related topics, Dealing with Difficult behaviors, De escalation techniques, resident abuse and resident restraint. Documentation of this training will be kept and available for review by the Department.*

Directed Completion Date: *07/02/2026*

Not Implemented [redacted] 07/08/2026)