

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

October 20, 2026

[REDACTED] EXECUTIVE DIRECTOR
HATFIELD MENNONITE HOMES INC
275 DOCK DRIVE
LANSDALE, PA, 19446

RE: OAKWOOD COURT
275 DOCK DRIVE
LANSDALE, PA, 19446
LICENSE/COC#: 12796

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2026, 07/23/2026 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: OAKWOOD COURT

License #: 12796

License Expiration: 10/05/2026

Address: 275 DOCK DRIVE, LANSDALE, PA 19446

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: HATFIELD MENNONITE HOMES INC

Address: 275 DOCK DRIVE, LANSDALE, PA, 19446

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP

Date: 10/22/1999

Issued By: COPA

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 89

Waking Staff: 67

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 07/23/2026

Inspection Dates and Department Representative

07/22/2026 On Site: [REDACTED]

07/23/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80

Residents Served: 68

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care Unit

Capacity: 26

Residents Served: 21

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 68

Diagnosed with Mental Illness: 42

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 21

Have Physical Disability: 0

Inspections / Reviews

07/22/2026 - Full

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/23/2026

Inspections / Reviews (*continued*)

08/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/31/2026

08/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/09/2026

10/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

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 3/22/2026, there was an allegation of abuse of a resident involving staff member A. The home did not report this incident to the department until 3/25/2026.

Plan of Correction**Accept ([REDACTED] - 08/27/2026)**

- 1. Immediate action was taken on 7/23/26, PCHA provided education to the reporting staff member on regulation 2600.16c.*
- 2. Education on regulation 2600.16c will be provided to all team members by PCHA during 9/3/26 staff meeting.*
- 3. Effective 8/18/26, to maintain ongoing compliance, PCHA will review all reportable incidents to ensure compliance with regulation 2600.16c for 3 months or until compliance is met. Any deficiencies will be addressed immediately. Results of ongoing compliance will be reviewed by the PCHA at the monthly QAPI meeting.*

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented ([REDACTED] - 10/20/2026)**17 - Record Confidentiality****2. Requirements**

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/22/2026, there was a laptop on top of a medication cart near room 113, with the residents information unlocked, unattended, and accessible.

Plan of Correction**Accept ([REDACTED] - 08/27/2026)**

- 1. PCHA took immediate action on 7/22/26 to educate the nurse on regulation 17, record confidentiality and locking the laptop during med pass.*
- 2. On 09/03/2026 training on regulation 2600.17 will be conducted by PCHA at the monthly staff meeting. Nurses and med techs will be instructed to have no other tabs open, only the EMAR and the screen should be locked while unattended.*
- 3. Care Coordinator or designee will provide weekly audits to ensure laptops are locked while unattended*

17 Record Confidentiality (continued)

beginning on 9/3/26 for 3 months or until compliance is met. Ongoing compliance results will be reviewed by the PCHA at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 10/20/2026)

28e - Death of a Resident**3. Requirements**

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident 1 passed away on [REDACTED] Resident 1's personal belongings were removed from [REDACTED] room on [REDACTED]; however, the refund payment was not issued until [REDACTED]

Plan of Correction

Accept () - 08/27/2026)

- 1. PCHA took immediate action on 7/22/26 to educate the billing supervisor regarding regulation 28e and the 30 day refund requirement.*
- 2. On 8/18/26 billing supervisor provided education to 2nd billing specialist on regulation 28e and the 30 day refund requirement.*
- 3. To ensure compliance, billing supervisor will send PCHA a weekly death of resident/refund report beginning 8/25/2026 for 6 months or until compliance is met. Ongoing compliance results will be reviewed by the PCHA at the monthly QAPI meeting.*

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 10/20/2026)

28f - Resident's Funds and 30-day Refund**4. Requirements**

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident 2 was discharged on [REDACTED] The home did not issue the refund payment until [REDACTED]

28f - Resident's Funds and 30-day Refund (continued)

Plan of Correction

Accept () - 08/27/2026)

1. PCHA took immediate action on 7/22/26 to educate the billing supervisor regarding regulation 28f and the 30 days of discharge refund requirement.
2. On 8/18/26 billing supervisor provided education to 2nd billing specialist on regulation 28f and the 30 days of discharge refund requirement.
3. To ensure compliance, billing supervisor will send PCHA a weekly termination of service/refund report beginning 8/25/2026 for 6 months or until compliance is met. Ongoing compliance will be reviewed by the PCHA at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 10/20/2026)

42c - Treatment of Residents

5. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident 3 has a history of making inappropriate comments that are sexual in nature to staff, residents and visitors. On [REDACTED] sometime [REDACTED], staff member A, stated to resident 3, "You are disgusting" while the resident walked past [REDACTED] to get to a staff person the resident was observed making inappropriate comments to earlier in the day.

Plan of Correction

Accept () - 08/27/2026)

1. On [REDACTED] when incident was reported, PCHA took immediate action, staff person A was interviewed and suspended pending investigation.
2. PCHA provided mandatory education for all team members on 4/1/26 on "staff management and response to different behaviors in residents with frontotemporal dementia, resident rights and abuse."
3. Performance improvement plan for staff member A was initiated which included mandatory leave, third party counseling and weekly check ins with PCHA or designee upon return to work.
4. Beginning on 7/16/26 PCHA, Care Coordinator and Social worker hold a weekly resident behavior meeting with team members to discuss current challenges and appropriate interventions. Ongoing weekly support and education provided for 3 months, then will evaluate ongoing need.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 10/20/2026)

65f - Training Topics

6. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.

65f Training Topics (continued)

4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self administration during training year 9/1/24 through 8/31/25.

Plan of Correction

Accept () - 08/27/2026)

1. PCHA immediately checked staff person A's completed trainings. Medication self administration was completed shortly outside of our training year.
2. Beginning in September 2026 PCHA to monitor assigned training compliance monthly for 6 months or until compliance is achieved. This will be done with the information given on an autogenerated Relias Learning report, listing employees with upcoming or overdue training. This report is emailed to PCHA weekly.
3. Ongoing compliance will be reviewed by the PCHA at the monthly QAPI meeting beginning in October.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 10/20/2026)

81b - Resident Personal Equipment**7. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 7/22/26 at 9:59am, a covered bedside mobility device was installed on the bed of Resident 4. The bedside mobility device was not securely attached to the bed frame and could be pulled away from the bed, creating a hazardous zone of approximately 10 inches.

On 7/22/26 at 10:11am, a covered bedside mobility device was installed on the bed of Resident 5. The bedside mobility device was not securely attached to the bed frame and could be pulled away from the bed, creating a hazardous zone of approximately 12 inches.

Plan of Correction

Accept () - 08/27/2026)

1. On 7/22/26 immediate action was taken, an audit was completed on all bedside mobility devices to ensure compliance with regulation and safety.
2. Maintenance Supervisor to provide in services to maintenance staff to be completed by 8/31. In service consists of a review of the regulation and instructions and assembly of the Stander Bed Cane.
3. Beginning in September 2026, maintenance tech will provide monthly audits of all bedside mobility devices.
4. Maintenance Supervisor will forward completed audits to PCHA for review.
5. PCHA will review monthly audits for 6 months or until compliance is met. Ongoing compliance will be reviewed by the PCHA at the monthly QAPI meeting.

81b - Resident Personal Equipment (continued)

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 10/20/2026

82c - Locking Poisonous Materials**8. 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 7/22/26 at 10:22am, the cabinet containing cleaning products in the Shorehouse kitchenette did not latch properly. ResQue 1st Instant Hand Sanitizer and Purell Hand Sanitizer, with a manufacturer's label indicating "keep out of reach of children, if swallowed, get medical help or contact poison control center right away," were unlocked, unattended, and accessible to residents on the Memory Care Unit. Not all the residents of the home, including resident 3 have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept () - 08/27/2026

1. Immediate action was taken by Director of ES on 7/22/26, the latch on the cabinet was adjusted.
2. PCHA will provide education on regulation 82c at staff meeting scheduled for 9/3/26.
3. Beginning on 9/4/26 all 3 shifts will be required to audit all locked cabinets to ensure locking mechanism is working properly and ensure all poisonous materials are in a locked cabinet. Sign off sheet will be provided on the unit for these audits.
4. Beginning the week of 9/7, Care Coordinator or designee will perform weekly checks on the daily audits to ensure compliance for 3 months or until compliance is met. Ongoing compliance results will be reviewed by the PCHA at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 10/20/2026

95 - Furniture and Equipment**9. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 7/22/26 at 10:17 a.m., the handle to the bottom cabinet in the Homestead Serenata kitchenette was falling off; it was not secured.

Plan of Correction

Accept () - 08/27/2026

1. Immediate action was taken by Director of ES on 7/22/26, a workorder was submitted and the handle was secured by maintenance tech.
2. PCHA will provide education on regulation 95 at staff meeting scheduled for 9/3/26.
3. Beginning on 9/4/26 all 3 shifts will be required to audit all cabinets to ensure hardware/handles are properly secured. Sign off sheet will be provided on the unit for these audits.

95 - Furniture and Equipment (continued)

4. Beginning the week of 9/7, Care Coordinator or designee will perform weekly checks on the daily audits to ensure compliance for 3 months or until compliance is met. Ongoing compliance results will be reviewed by the PCHA at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 10/20/2026)

107d - Procedure Emergency Management Agency Submission**10. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated, and submitted to the local emergency management.

Plan of Correction

Accept () - 08/27/2026)

1. On 7/24/26 PCHA took immediate action to review current processes to meet the Emergency Management Agency Submission regulation. Emergency procedures are currently submitted to the local fire department annually and reviewed in person with the fire marshal annually.
2. The home's written emergency procedures will be downloaded to a digital file and emailed to the local emergency management agency for review by 9/30/26. Email confirmation from the agency of their review will be printed and placed in DHS survey binder for proof of compliance to this regulation.
3. An annual calendar reminder will be placed in PCHA's calendar for each September to review, update and submit written emergency procedures to the local emergency management agency. An email confirmation of their receipt will be requested each year.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 10/20/2026)

132f - Alternate Exit Routes**11. Requirements**

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The exit from the stair towers and fish tank room was the only exit route used during the fire drills held from 2/26/26 to 6/29/26.

Plan of Correction

Accept () - 08/27/2026)

1. On 7/23/26 PCHA provided education to maintenance supervisor regarding regulation 132f. Alternate routes to be used and proper documentation to be submitted.
2. Beginning in August, alternate exit routes will be used during monthly fire drills.
3. Maintenance Supervisor will provide the monthly documentation to PCHA after each fire drill.
4. PCHA will audit documentation for 3 months or until compliance is met. Ongoing compliance results will be reviewed by the PCHA at the monthly QAPI meeting.

132f Alternate Exit Routes *(continued)*

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 10/20/2026

171b5 - First Aid Kit

12. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the wheelchair van used to transport residents does not include tweezers.

Plan of Correction

Accept () - 08/27/2026

1. On 7/23/26 immediate action was taken and tweezers were added to the first aid kit in the wheelchair van.

2. Education to transportation department on regulation 171b provided on 7/23/26.

3. Beginning in September, Administrative Specialist or designee to oversee weekly audits of all vehicle first aid kits for 3 months or until compliance is met.

4. Completed audits will be forwarded to PCHA for review. Ongoing compliance results will be reviewed by the PCHA at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 10/20/2026

183e - Storing Medications

13. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

*Senna tab. prescribed for resident 6, with the expiration date of 6/25/2026, was found on medication cart 1 on 7/22/2026.**Glucose 15 gel 40%, prescribed for resident 6, with the discard date of 4/22/2026, was found on medication cart 1 on 7/22/2026.*

183e - Storing Medications (continued)**Plan of Correction****Accept () - 08/27/2026)**

1. On 7/22/26 immediate action was taken and the expired medications were removed from the med cart.
2. PCHA or designee will provide education to all nurses and med techs on regulation 183e during the 9/3 staff meeting.
3. Beginning the week of 9/7 nurses will complete bi-weekly med cart audits to ensure there are no expired medications for 3 months or until compliance is met.
4. Care Coordinator will oversee the completion of the bi-weekly med cart audits. Ongoing compliance results will be reviewed by the PCHA at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/04/2026**Implemented () - 10/20/2026)****184b - Labeling OTC/CAM****14. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 7/22/2026, a package of Glutose 15 Gel belonging to resident 6 was in the medication cart and was not labeled with the resident's name.

Plan of Correction**Accept () - 08/27/2026)**

1. On 7/22/26 immediate action was taken and the unlabeled medication was labeled by the nurse working on that medication cart.
2. PCHA or designee will provide education to all nurses and med techs on regulation 184b during the 9/3 staff meeting.
3. Beginning the week of 9/7 nurses will complete bi-weekly med cart audits to ensure labeling of all medications for 3 months or until compliance is met.
4. Care Coordinator will oversee the completion of the bi-weekly med cart audits. Ongoing compliance results will be presented by the PCHA at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/04/2026**Implemented () - 10/20/2026)****185a - Implement Storage Procedures****15. 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

Resident 7 is prescribed blood sugar readings three times per day. On 7/17/2026 at 17:34, the glucometer reading was 205. However, the reading on the medication record was 209.

Plan of Correction**Accept () - 08/27/2026)**

1. On 7/22/26 Care Coordinator provided immediate education to the documenting nurse.
2. PCHA or designee will provide education to all nurses and med techs on regulation 185a during the 9/3 staff meeting.

185a Implement Storage Procedures (continued)

3. Beginning the week of 9/7 overnight med tech supervisor will conduct weekly glucometer reading audits and submit results to the care coordinator.
4. Care coordinator will oversee the audits and compliance for 3 months or until compliance is met. Ongoing compliance results will be presented by the PCHA at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 10/20/2026)

234b - Support Plan Needs Elements**16. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated (), for resident 3 does not address if the resident was educated on how to use their bedside mobility device.

Plan of Correction

Accept () - 08/27/2026)

1. On 7/23/26 immediate education was provided to the care coordinator on regulation 234b.
2. On 7/23/26 Care Coordinator provided education to the resident on how to use their bedside mobility device and risks associated with this device and updated the resident support plan.
2. Therapy dept. will complete a Bed Rail Assessment form for each resident using a bedside mobility device and educate residents on proper use and risks of the bedside mobility device, to be completed by 9/1. Therapist and resident to sign the form.
3. Upon completion of the assessment, Care Coordinator will update each resident's support plan indicating education provided and risks discussed.
4. Beginning in October, PCHA will do monthly audits of support plans for residents with bedside mobility devices for 3 months or until compliance is met. Ongoing compliance results will be presented by PCHA at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 10/20/2026)

252 - Record Content**17. Requirements**

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.

252 - Record Content (*continued*)

9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 3's record do not include a record of incident reports for the individual resident.

Residents 8 and 9's records do not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept () - 08/27/2026

1. On 7/23/26 immediate action was taken and an updated face sheet containing a photograph of residents 8 and 9 were printed and placed in paper chart.
2. PCHA will provide education to nurses during 9/3/26 staff meeting on regulation 252 to ensure face sheet with photograph is printed and placed in paper chart and incident reports are included in resident records.
3. Beginning on 7/23/26 Care Coordinator began to upload new resident photographs to PCC prior to admission to ensure face sheet prints with photograph.
4. During the week of 9/7/26, updated face sheets for all residents will be printed and placed in paper charts.
5. Beginning the week of 9/7/26, Care Coordinator will perform random chart audits to ensure updated photograph weekly for 3 months or until compliance is met.
6. Care coordinator will complete an audit of all incident reports to ensure they are part of the resident record.
7. Ongoing compliance results will be presented by the PCHA at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented () - 10/20/2026