

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

July 9, 2025

[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 04/22/2025, 04/23/2025 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: OAKWOOD COURT License #: 12796 License Expiration: 10/05/2025  
 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: 92 Waking Staff: 69

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint, Incident Exit Conference Date: 04/23/2025

**Inspection Dates and Department Representative**

04/22/2025 - On-Site: [REDACTED]  
 04/23/2025 - 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: Serenata Capacity: 26 Residents Served: 24

Hospice  
 Current Residents: 0

Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68  
 Diagnosed with Mental Illness: 40 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 24 Have Physical Disability: 1

**Inspections / Reviews**

04/22/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/26/2025

05/27/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 07/08/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/01/2025

Inspections / Reviews *(continued)*

05/30/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/17/2025

07/09/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42c - Treatment of Residents

## 1. Requirements

2600.

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

## Description of Violation

*Resident # 1 reported that Staff Member A made them feel ashamed for having a sexual relationship with Resident # 2. Resident # 1 reported to feeling scared that if they continued this relationship with Resident # 2, or any other resident, that Resident # 1 would be discharged from the home.*

## Plan of Correction

Accept (████) - 05/30/2025)

*PCHA and Care Coordinator will meet with Staff Member A on 5/26 to review expectations of treating all residents with dignity and respect. Online training module in Relias on regulation 42(c) to be assigned to all Personal Care nursing staff, to be completed by 6/16/25. Education on regulation 42(c) will also be provided at the June staff meeting.*

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented (████) - 07/09/2025)

## 65a - FS Orientation 1st Day

## 2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

## Description of Violation

*Staff Person B whose first day of work was █████, did not receive orientation on the following topics:*

1. Evacuation procedures.
  2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
  5. The location and use of fire extinguishers.
  6. Smoke detectors and fire alarms.
  7. Telephone use and notification of emergency services.
- until 10/8/24.*

*Third Party Contract Staff Member C whose first day of work was █████, did not receive orientation in the following topics:*

1. Evacuation procedures.

65a - FS Orientation 1st Day (continued)

- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Third Party Contract Staff Member D whose first day of work was [REDACTED] did not receive training in the following topics:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Repeated Violation: 5/29/2024

**Plan of Correction**

Accept ([REDACTED] - 05/30/2025)

PCHA educated Dining Services Director and Assistant Director on 1st day orientation requirements on 5/20/25. Dining Services Director or designee will conduct monthly audits for all new hires to ensure 1st day orientation is completed for 3 months and submit audits to PCHA. PCHA will review audits at the monthly QAPI meeting. The QAPI committee will determine the need for future audits. Our third party contractors provide therapy services. On 5/20/25 PCHA educated therapy vendor on 1st day and first 40 hours required orientation. PCHA or designee will conduct an audit to ensure compliance with our current therapists by 6/16/25. Therapy program director will provide day 1 and first 40 hours orientation to any new therapy providers. PCHA will review the audits at the monthly QAPI meeting. The QAPI committee will determine the need for future audits.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ([REDACTED] - 07/09/2025)

85a - Sanitary Conditions

3. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 4/22/25 at 10:45 A.M. , the ice bin in the "great room" activity refrigerator/freezer was overflowing to the bottom of the freezer.

On 4/22/25 at 11:05 A.M., the ice bin in the serenata kitchenette was overflowing to the bottom of the freezer and the bottom of the freezer had dirt and debris present.

**85a - Sanitary Conditions (continued)**

On 4/22/25 at 11:00 A.M., underwear was present of the railing outside of bedroom 6.

**Plan of Correction**

Accept (████) - 05/30/2025)

Refrigerators and freezers were cleaned immediately on 4/23/25. Care coordinator began weekly audits on refrigerators/freezers on 5/5/25. Care Coordinator will audit weekly for 3 months. These audits will be reviewed by the QAPI committee monthly. The clean underwear found on the railing in the memory care unit was investigated immediately, and determined that staff did not place the underwear on the railing. Care Coordinator will conduct weekly audits for 3 months. PCHA will review the audit results at the monthly QAPI meetings. The QAPI committee will determine the need for future audits.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented (████) - 07/09/2025)

**95 - Furniture and Equipment****4. Requirements**

2600.

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

**Description of Violation**

On 4/22/25 at 10:50 A.M. a tool kit was present in the secured dementia care unit unlocked and unattended containing: 2 screwdrivers, 2 pairs of scissors, tack hammer, wire, nails, screws, and straight pins. The tools pose a risk of injuries to the residents.

**Plan of Correction**

Accept (████) - 05/30/2025)

Nursing staff placed the tool box in a locked cabinet on 4/22/25. Online training module in Relias on regulation 95 to be assigned to all Personal Care nursing staff, to be completed by 6/16/25. PCHA will also provide education at June staff meeting. Care Coordinator or designee will perform weekly audits in the secure memory care unit to ensure compliance beginning on 6/2/25 for 3 months. PCHA will review audits at the monthly QAPI meeting. QAPI committee will determine if further audits are required.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented (████) - 07/09/2025)

**101i - Access to Bedroom****5. Requirements**

2600.

101.i. A resident shall have access to his bedroom at all times.

**Description of Violation**

On 4/22/25 at 10:57 A.M., resident bedrooms 8 and 12, on the secured dementia care unit, were locked denying access to these bedrooms without assistance from staff.

**Plan of Correction**

Accept (████) - 05/30/2025)

Online training module in Relias on regulation 101(i) to be assigned to all Personal Care nursing staff, to be completed by 6/16/25. PCHA will also provide education at the June staff meeting. Care coordinator will do weekly audits to ensure apartment doors are unlocked beginning on 6/2/25 for 3 months. PCHA will present audits at the monthly QAPI meeting. QAPI committee will determine the need for further audits.

Licensee's Proposed Overall Completion Date: 06/16/2025

101i - Access to Bedroom (continued)

Implemented ( ) - 07/09/2025

101j7 - Lighting/Operable Lamp

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident # 3 does not have access to a source of light that can be turned on/off at bedside. On 4/23/25 at 4:45 P.M. the bedside lamp was unplugged and unable to turn on/off.

Plan of Correction

Accept ( ) - 05/30/2025

On 4/23/25 PCHA checked the lamp. It was not fully plugged into the wall. Once the plug was fixed the lamp was operable. Maintenance staff will complete an audit on each personal care apartment to ensure there is an operable lamp at bedside by 6/16/25. The Environmental Service Supervisor or designee will perform monthly audits of 10 rooms for 3 months in July, August and September. A work order will be submitted by environmental services staff to ensure any identified repairs or replacements are completed. Audits will be submitted to PCHA to be reviewed at monthly QAPI meeting. QAPI committee will determine if further audits are needed.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ( ) - 07/09/2025

103i - Outdated Food

7. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated carton of vanilla ice cream in the "great room" freezer.

There was an unlabeled, undated bottle of chocolate syrup in the "great room" fridge.

There was an unlabeled, undated block of butter, container of pancake batter, and 3 containers of sausage links ground and sliced in the "breakfast reach-in refrigerator".

Plan of Correction

Accept ( ) - 05/30/2025

By 6/16/25 a memo will be sent to residents in Oakwood court to remind them to label and date any food items they put in the common area refrigerators. Labels will be provided at each refrigerator. 11-7 Nursing staff to audit refrigerators nightly and remove any food that is unlabeled/undated or outdated. Care Coordinator will do weekly audits of all common area refrigerators to ensure compliance with regulation 103i beginning on 6/2/25 for 3 months. Dining Services Assistant Director or designee will perform daily audits on all main kitchen refrigerators to ensure proper labeling/dating beginning on 6/2/25 for 4 weeks and then weekly audits for 3 months. PCHA will review audit results at monthly QAPI meeting. QAPI committee will determine the need for further audits.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ( ) - 07/09/2025

131f - Fire Extinguisher Inspection

8. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in "oakwood kitchen" has not been inspected by a fire safety expert since February 2024.

Repeated Violation: 5/29/2024

Plan of Correction

Accept (█) - 05/30/2025)

Fire Safety expert from █ Fire Protection Services inspected and updated the tag on the fire extinguisher in the Oakwood Court kitchen on 4/30/25. Maintenance staff to do an audit of all fire extinguishers by 6/16/25. All fire extinguisher cases to be numbered. Maintenance will maintain a list with the numbers and their corresponding locations to ensure accuracy. Maintenance staff will inspect fire extinguishers monthly beginning July 2025 and submit these audits to PCHA for 3 months. Fire marshal inspects fire extinguishers annually. PCHA will review audits at monthly QAPI meeting. QAPI committee will determine if further audits are needed.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented (█) - 07/09/2025)

132h - Designated Meeting Place

9. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 1/7/25 at 10:17 A.M., all of the residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. During the 1/7/25 fire drill, 20 residents evacuated to the white hall fire doors. The home had 65 residents present on 1/7/25. The home had a second fire drill on 1/7/25 at 10:22 A.M. where the 45 remaining residents evacuated to stair tower 2.

During the fire drill on 2/26/25 at 6:10 P.M., all of the residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. During the 2/26/25 fire drill, 20 residents evacuated to the blue hall fire doors. The home had 65 residents present on 2/26/25. The home had a second fire drill on 2/26/25 at 6:19 P.M. where the remaining 45 residents evacuated to stair tower 2.

During the fire drill on 3/21/25 at 10:36 A.M., all of the residents did not evacuate to a designated meeting place away from the building or within a fire-safe area. During the 3/21/25 fire drill, 20 residents evacuated to courtyard exits. The home had 65 residents present on this date. On 3/25/25 a fire drill was held at 1:38 P.M. and 45 residents evacuated to stair tower 1. The home had 65 residents present on this date.

Plan of Correction

Accept (█) - 05/30/2025)

Beginning in May 2025, the fire drill for Oakwood Court and Serenata memory care was performed simultaneously. All residents from both areas evacuated to a fire safe area and all residents congregated to a location within a fire safe area. Fire Marshal is meeting with Environmental Services Director and PCHA on 5/23/25 to review the new process. A memo will be distributed to the residents by 6/16/25 outlining the new fire drill process and reiterated

132h - Designated Meeting Place (continued)

at the June Resident Council meeting. PCHA will design new fire drill forms to be used to indicate the total number of residents in both units that evacuated.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ( ) - 07/09/2025

144c1 - Smoking Area Guidelines

10. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area has a wicker loveseat that is not determined to be fire resistant by the California Standard.

Plan of Correction

Accept ( ) - 05/30/2025

Wicker loveseat was removed from this area on 5/20/25. The Director of Environmental Services is ordering a fire resistant bench for the area. Anticipated receipt of the bench is July 1, 2025. Care Coordinator will audit the smoking area weekly to ensure any furniture in the area is fire resistant beginning 6/2/25 for 3 months. PCHA will review audits at monthly QAPI meeting. QAPI committee will determine if further audits are needed.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ( ) - 07/09/2025

227e - Self Administer Medication

11. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident 4's assessment, dated ( ) states resident is unable to self-administer medications. Resident # 4 is able to self-administer some medications as evaluated on ( ) medical evaluation.

Plan of Correction

Accept ( ) - 05/30/2025

PCHA reviewed the discrepancy with the Care coordinator on 4/23/25 and provided further education on regulation 227e. Care coordinator or designee will audit all RASPs and Medical Evaluations to ensure compliance, to be completed by 6/16/25. Nurse will email the Care coordinator when a new medical evaluation is completed to include the resident's name and medication administration status noted on the medical evaluation. The care coordinator will ensure compliance with current RASP. PCHA will provide education at June nurse's meeting. Audit results will be presented at July QAPI meeting. QAPI committee will determine if further audits are needed.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ( ) - 07/09/2025