

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

January 12, 2023

[REDACTED], ADMINISTRATOR  
OAK HILL AL OPERATING COMPANY LLC  
[REDACTED]

RE: OAK HILL MANOR  
1020 NORTH UNION STREET  
MIDDLETOWN, PA, 17057  
LICENSE/COC#: 33759

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/17/2022 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 HILL MANOR **License #:** 33759 **License Expiration:** 01/26/2023  
**Address:** 1020 NORTH UNION STREET, MIDDLETOWN, PA 17057  
**County:** DAUPHIN **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** OAK HILL AL OPERATING COMPANY LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-1 **Date:** 10/12/1976 **Issued By:** Department of Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 43 **Waking Staff:** 32

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Complaint **Exit Conference Date:** 11/17/2022

**Inspection Dates and Department Representative**

11/17/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates****General Information**

**License Capacity:** 40 **Residents Served:** 32

**Secured Dementia Care Unit**

**In Home:** No **Area:** **Capacity:** **Residents Served:**

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 32

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

**Have Mobility Need:** 11 **Have Physical Disability:** 0

**Inspections / Reviews**

11/17/2022 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/09/2022

12/07/2022 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 01/06/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/14/2022

## Inspections / Reviews (continued)

## 12/19/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/06/2023  
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/27/2022

## 01/12/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/06/2023  
Reviewer: [REDACTED] Follow Up Type: Not Required

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

### Description of Violation

On 11/17 at 10:46am the batteries installed the Carbon Monoxide Alarm near the kitchen were not labeled with the date the batteries were installed.

#### Plan of Correction

Accept [REDACTED] - 12/16/2022

\* The maintenance director [REDACTED] immediately discarded the batteries and replaced with new, along with dating the carbon monoxide alarm on 11/17/22 which was the survey date.

\* Maintenance Director [REDACTED] placed a work order on 12/1/2022 to change all the batteries in January 2023 and every January thereafter, then check the carbon monoxide detectors every 3 months on the first monday of Jan/Apr/jul/oct.

\* Maintenance Director [REDACTED] will assign the work order to a maintenance assistance every January for battery changes and every 3 months to check the detectors on the first monday of jan/apr/july/oct.

Audit attached.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [REDACTED] - 01/09/2023

## 85d - Trash Receptacles

### 2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

### Description of Violation

On 11/17/22 at approximately 10:30am the trash receptacle in the resident spa bathroom was not covered.

#### Plan of Correction

Accept [REDACTED] - 12/16/2022

The maintenance director [REDACTED] immediately placed a lid on the uncovered trash can on 11/17/22 which was our survey day.

Starting 12/2/2022 Daily audits will be completed for 4 weeks and then monthly x4 by the personal care clinical director or designee to ensure the trash receptacles remain covered.

Starting 12/9/2022 PC Administrator or designee will review audits weekly to ensure ongoing compliance. Audit will be done on Fridays for the next 4 weeks and then 4 months after.

Audit attached

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [REDACTED] - 01/09/2023

## 105g - Lint Removal and Duct Cleaning

### 3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

#### Description of Violation

On 11/17/22, there was approximately a 6 inch accumulation of lint in the lint trap of dryer #2 and dryer #3. There were no clothes in either dryer at the time.

#### Plan of Correction

Accept [REDACTED] - 12/16/2022

The maintenance director [REDACTED] immediately cleaned the lint trap upon the surveyor finding the problem in both dryers on 11/17/22.

Housekeeping supervisor [REDACTED] posted a sign above the dryer on 12/1/22 to remind the housekeeping staff to clean the lint trap after each use.

Housekeeping supervisor [REDACTED] provided an in-service training on 12/1/22 to the laundry staff on dryer safety.

Housekeeping staff will complete the dryer vent daily log when utilizing the dryers starting 12/1/22.

Housekeeping supervisor [REDACTED] will review the dryer vent logs weekly on Fridays starting 12/2/22 to ensure ongoing compliance.

Audit attached

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [REDACTED] - 01/09/2023

## 171c Home's Vehicle Documents

### 4. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

#### Description of Violation

The home does not have a copy of the current registration for its 2017 Toyota Bus used to transport residents.

#### Plan of Correction

Accept [REDACTED] - 12/16/2022

11/17/22 [REDACTED], maintenance director, took the vehicle with no registration out of rotation so it was not utilized for transports. Vehicle locked and kept in facility locked key drawer. [REDACTED] made drivers aware that the vehicle is not to be driven until receiving the registration.

11/17/22 [REDACTED], executive director, contacted [REDACTED], owner for Oak Hill Manor, to request he obtain the vehicle registration.

12/5/2022 [REDACTED], Lion Healthcare Owner (facility company) has submitted to the Pennsylvania motor vehicle center to send another copy of the registration for the vehicle out of compliance.

**171c - Home's Vehicle Documents (continued)**

12/7/22 [REDACTED] received vehicle registration and sent through Fedex overnight mail to Oak Hill Manor.

12/8/22 [REDACTED] LPN/Clinical Director, received vehicle registration. [REDACTED] gave the registration to [REDACTED] (Maintenance Director) who placed the registration in the vehicle.

12/8/22 Transport drivers now using the vehicle due to receiving registration.

Registration attached.

12/8/22 [REDACTED], maintenance associate placed work on via tel.net for maintenance designee to contact [REDACTED], facility owner, to renew vehicle registration on July 17, 2023, 45 days prior to registration.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [REDACTED] - 01/09/2023

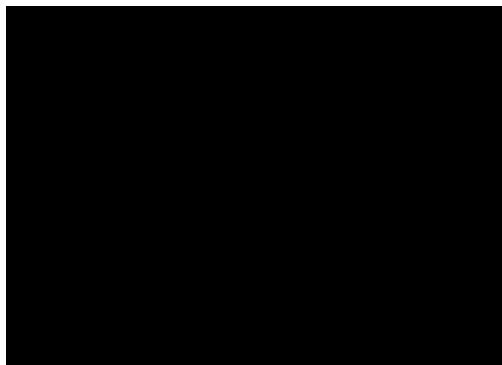
**185a - Implement Storage Procedures****5. Requirements**

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**

On the 11/17/22, the glucometer readings were compared to the eMAR for Resident 1 whose blood sugar readings are taken 3 times per day. The glucometer readings did not match the readings on the eMAR. The glucometer was not calibrated to the correct date and time. The readings were recorded as follows:



On 11/17/22, the eMAR and medications were reviewed for resident 1 and showed the following:

[REDACTED] give 1 tablet orally three times a day related to pain was not found in the medication cart.

On 11/17/22, the eMAR and medications were reviewed for Resident 2 and shows the following:

[REDACTED] give 2 tablets by month every 8 hours related to pain was discontinued [REDACTED] but was found in the medication cart.

[REDACTED] by mouth every 6 hours as needed for Pain by mouth every 6hrs as needed for

**185a - Implement Storage Procedures (continued)**

mild pain was not found in the medication cart.

**Plan of Correction****Accept ( [REDACTED] - 12/16/2022)**

The clinical director, [REDACTED], immediately changed the date/time on the glucometer machines the day of survey 11/17/22.

On 12/1/22 Education was provided for all LPNs and Medication techs to make sure the number they are documenting in the MAR matches the number on the glucometer machine and the date/time are accurate.

Starting 12/2/22 Glucometer machine audit will be completed by PCHA and/or Clinical director every week on Friday for 4 months.

The [REDACTED] card was immediately ordered from the pharmacy by the clinical director, [REDACTED] LPN, after identifying the issue with the surveyor on 11/17/22.

On 11/17/22, The clinical director, [REDACTED] LPN, applied a change of direction sticker to the medication card for Acetaminophen for the change of direction.

On 11/17/22 The discontinued Acetaminophen card was removed from the cart immediately.

*Plan: Starting 12/2/22 PCHA and/or clinical director will do a weekly audit every Friday by using the PCC report called order recap report which shows all new orders and discontinued orders from the MD. This audit will be done weekly on Fridays for 4 months then monthly for 4 months on Fridays.*

Licensee's Proposed Overall Completion Date: 12/16/2022

**Implemented ( [REDACTED] - 01/09/2023)**