

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

December 4, 2024

[REDACTED], EXECUTIVE VICE PRESIDENT
2101 WABANK ROAD OPERATING COMPANY LLC
[REDACTED]

RE: OAK LEAF MANOR PERSONAL CARE
RETIREMENT HOME
2101 WABANK ROAD
MILLERSVILLE, PA, 17551
LICENSE/COC#: 33820

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/17/2024, 10/18/2024 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 PERSONAL CARE RETIREMENT HOME **License #:** 33820 **License Expiration:** 11/21/2024

Address: 2101 WABANK ROAD, MILLERSVILLE, PA 17551

County: LANCASTER **Region:** CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: 2101 WABANK ROAD OPERATING COMPANY LLC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-2	Date: 10/22/2010	Issued By: Millersville Borough
Type: I-2	Date: 01/10/2014	Issued By: Millersville Borough

Staffing Hours

Resident Support Staff: 0	Total Daily Staff: 81	Waking Staff: 61
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Inspection Information

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

Reason: Renewal, Complaint, Incident **Exit Conference Date:** 10/18/2024

Inspection Dates and Department Representative

10/17/2024 - On-Site: [REDACTED]

10/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 82	Residents Served: 55
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Secured Dementia Care Unit

In Home: Yes	Area: Memory Care	Capacity: 43	Residents Served: 17
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Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 55
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 1
Have Mobility Need: 26	Have Physical Disability: 1

Inspections / Reviews

10/17/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/02/2024

Inspections / Reviews (*continued*)

10/30/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/06/2024

11/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/25/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident 1 was admitted to the home on [REDACTED]. On [REDACTED], the home had a change of legal entity and the resident and/or the resident's POA has not completed a new contract with the new legal entity.

Resident 2 was admitted to the home on [REDACTED]. On [REDACTED], the home had a change of legal entity and the resident and/or the resident's POA has not completed a new contract with the new legal entity.

Plan of Correction

Accept ([REDACTED] - 10/30/2024)

An audit was completed on [REDACTED] by Administrator to determine which residents were admitted prior to change of legal entity. Addendum created by Chief Operating Officer on [REDACTED]. All residents and/or POAs are to be notified of need to sign addendum by Business Office Manager by 11/1/2024. All signatures to be obtained by 12/31/24.

Addendum is attached.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 12/04/2024)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care Staff Person A received only 11.70 hours of annual training in training year 2023.

Plan of Correction

Accept ([REDACTED] - 10/30/2024)

Upon additional investigation it was noted that the employee did not have the proper number of hours of training for training year 2023. Documentation attached showing a meeting that was attended in January 2023 that was not included in training listed as printed. An audit is to be completed of all active employee files by Human Resources 11/30/24 to ensure proper documentation. All employees have until 12/31/24 to complete annual training for training year 2024. If an employee fails to complete required training, they are to be removed from the schedule until training is complete. Administrator will review requirements for training at next all staff meeting, scheduled to be completed by 11/15/2024.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented ([REDACTED] - 12/04/2024)

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

82a - Poisonous Materials (continued)

Description of Violation

On 10/18/2024 at 10:05AM, there was a bottle with the manufacture's label of "Glass Cleaner" located in the chemical storage room. However, carpet stain cleaner was in the bottle, as evidenced by "Carpet Stain Cleaner" being handwritten on the bottle.

Plan of Correction

Accept ([redacted] - 11/01/2024)

Chemical in bottle labeled "Glass Cleaner" was removed from housekeeping closet and disposed of on 10/18/2024 by maintenance director. Maintenance Director called chemical supply company on 10/18/2024 and requested new bottles and labels that meet requirements. On 10/24/2024 all bottles without appropriate labels were replaced with labeled bottles by Maintenance Director.

Audit will be conducted weekly beginning week of 10/28/2024 by Memory Care Coordinator to ensure all chemicals are properly labeled.

Education will be provided regarding chemical labeling safety to all staff by administrator at next all staff meeting to be completed by 11/15/2024.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented ([redacted] - 11/27/2024)

85d - Trash Receptacles

4. 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 10/18/2024 at 10:09AM, there was an uncovered trash can with waste located in the public bathroom located in the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept ([redacted] - 11/01/2024)

Lid placed on trashcan by housekeeper on 10/18/2024 to correct immediately. An audit was completed of all kitchen and bathroom trashcans to ensure they have a lid on 10/25/2024 by Administrator.

Weekly audit to be conducted by Memory Care Coordinator to ensure continued compliance beginning week of 10/28/2024. Audit sheet is attached.

Education to be provided to all staff by Administrator on requirement of keeping all trashcans in bathrooms and kitchens covered at next monthly staff meeting to be held by 11/15/2024.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented ([redacted] - 11/27/2024)

183b - Meds and Syringes Locked

5. Requirements

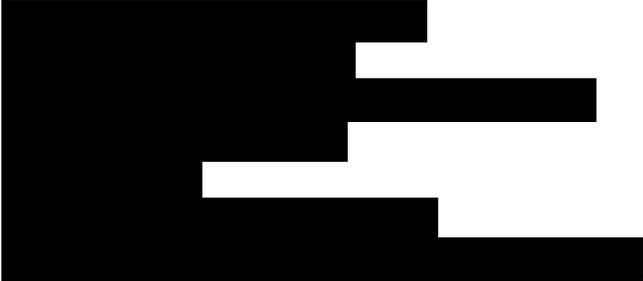
183b - Meds and Syringes Locked (continued)

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 10/18/2024 at 10:35AM, the following OTC medications were unlocked, unattended and accessible in Resident 4's bathroom vanity cabinet:



Resident 4 is not assessed to self-administer their own medications.

Plan of Correction

Accept [redacted] - 11/01/2024)

On October 18, 2024, the Administrator promptly removed medications from the resident's room during the inspection. Following this, the Resident Care Coordinator conducted a follow-up on October 22, 2024, to obtain orders for any necessary medications and to dispose of any remaining supplies. On the same day, the Resident Care Coordinator provided education to the resident regarding the process of checking in medications with nursing staff, as the resident is currently unable to self-administer.

An audit of every resident room was conducted by Administrator on 10/21/2024 to ensure no resident rooms had medications that they were not deemed safe to self-administer.

Additionally, the Administrator drafted a letter requesting that all medications be submitted to nursing staff for verification before being given to residents for self-administration. This letter will be distributed to all residents by 10/31/2024, and mailed to all Power of Attorneys (POAs) by 11/1/2024. Copy of letter is attached.

An audit is to be conducted weekly beginning week of 10/28/2024 by Memory Care Coordinator and or Resident Care Coordinator to ensure all resident rooms are free of any medications that they are not assessed as able to self-administer.

Proposed Overall Completion Date: 11/01/2024

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented [redacted] - 11/27/2024)

183e - Storing Medications

6. 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.

183e Storing Medications (continued)

Description of Violation

On 10/18/2024 at 2:04PM, the following loose pills were observed in the A Hall medication cart:

[Redacted]

On [Redacted], there was a 3oz tube of [Redacted] located in the Secure Dementia Care Unit (SDCU) medication cart. This medication was expired as of May 2018.

Plan of Correction

Accept [Redacted] - 11/01/2024)

On 10/18/2024 loose pills and hand cream were immediately removed from cart by LPN on duty and disposed of.

An audit of all medication carts was conducted on 10/22/2024 by Resident Care Coordinator to ensure no loose pills were present, medications without resident name, or expired medications were present.

Audits are going to be conducted weekly beginning week of 10/28/2024 by med tech or LPN to ensure continued compliance. Resident Care Coordinator and Memory Care Coordinator will be monitoring audit sheets to ensure they are completed and accurate. Audit sheet attached.

Education to be provided to nursing staff regarding loose pills, unlabeled medications/lotions, and expired medications at Nursing meeting by Administrator by 11/15/2024.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [Redacted] - 11/27/2024)

184b - Labeling OTC/CAM

7. 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 [Redacted], there was a [Redacted] located in the Secure Dementia Care Unit (SDCU) medication cart. This medication was not labeled with a resident's name.

Plan of Correction

Accept [Redacted] - 11/01/2024)

On 10/18/2024 hand cream was immediately removed from cart by LPN on duty and disposed of.

An audit of all medication carts was conducted on 10/22/2024 by Resident Care Coordinator to ensure no loose pills were present, medications without resident name, or expired medications were present.

Audits are going to be conducted weekly beginning the week of 10/28/2024 by med tech or LPN to ensure continued compliance. Resident Care Coordinator and Memory Care Coordinator will be monitoring audit sheets to ensure they are completed and accurate. Audit sheet attached.

184b - Labeling OTC/CAM (continued)

Education to be provided to nursing staff regarding loose pills, unlabeled medications/lotions, and expired medications at Nursing meeting by Administrator by 11/15/2024.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (█ - 11/27/2024)

185a - Implement Storage Procedures**8. 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 1 is prescribed █ as needed, █ suspension as needed and █ as needed. However, on █ at approximately █, these medications were not available in the home.

Plan of Correction

Accept (█ - 11/01/2024)

All standing order medications are to be provided in an emergency kit provided by the pharmacy. On 10/18/2024 during inspection LPN on duty requested an emergency kit be provided from the pharmacy. Kit was received on 10/18/2024 in the evening.

An audit was conducted by Resident Care Coordinator to ensure all medications were available in the facility that are currently ordered on 10/28/2024.

Resident Care Coordinator will do random checks of 5 resident's orders to compare to items in cart weekly over 4 weeks beginning 10/30/2024 and then monthly to ensure compliance.

Nursing staff to be educated by Administrator at next staff meeting on ensuring all medications are available in the home as ordered for resident use to be completed by 11/15/2024.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (█ - 11/27/2024)

187a - Medication Record**9. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

11. Special precautions, if applicable.

Description of Violation

Resident 5 is prescribed █. The pharmacy label states, "give 1 tab if blood sugar under █, can

187a Medication Record (continued)

repeat in 5 minutes". However, the resident's medication administration record (MAR) states, "give one tablet orally as needed for low blood sugar."

Plan of Correction

Accept [redacted] - 11/01/2024)

During inspection on 10/18/2024 it was noted that the eMAR was correct; however the printed MARs did not show the additional directions. Pharmacy was notified by Memory Care Coordinator to re enter order. Order has been re entered by pharmacy as of 10/29/2024 to include additional directions.

Resident Care Coordinator will be conducting weekly audits to ensure proper labeling of medications beginning 10/30/2024 for 4 weeks and then will conduct them monthly.

Education to be provided to nursing staff by Administrator in next staff meeting to be completed by 11/15/2024.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 11/27/2024)

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 6 is prescribed [redacted], with orders to take 1 capsule by mouth twice daily. However, on [redacted], this medication was not administered to the resident.

Resident 3 is prescribed [redacted] with orders to take tablet by mouth twice daily. However, on [redacted] at [redacted], this medication was not administered to because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 11/01/2024)

Staff members responsible for these errors were educated on 10/21/2024 regarding following directions of prescriber by Administrator.

Resident Care Coordinator to audit MARs weekly x 4 beginning week of 10/28/2024 to ensure all medications have been administered as ordered. If compliance is maintained audit will change to monthly as of the week of 11/25/2024.

Administrator to provide education to nursing staff at nursing meeting regarding proper administration of medications scheduled to be completed by 11/15/2024.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 11/27/2024)

188b - Medication Error Reporting

11. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident 6 is prescribed [REDACTED] with orders to take 1 capsule by mouth twice daily. However, on [REDACTED], this medication was not administered to the resident. This medication error was not reported to the resident or the prescriber.

Plan of Correction

Accept ([REDACTED] - 11/01/2024)

Employee responsible for error was educated on [REDACTED] by Administrator regarding proper reporting of medication errors. Error was reported to the resident and doctor on [REDACTED] by Resident Care Coordinator.

Resident Care Coordinator to conduct audit of MARs weekly x 4 beginning week of 10/28/2024 to ensure all medications are given as ordered. If compliance is maintained audit will change to monthly effective 11/25/2024.

Administrator to educate nursing staff during next nursing meeting on proper notification of medication errors to be completed by 11/15/2024.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented ([REDACTED] - 12/04/2024)

233c Key Locking Devices

12. Requirements

2600.

233.c. If key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 10/17/2024, at approximately 10:37AM, there were no directions for operation conspicuously posted near the locking devices located on the interior of the Secure Dementia Care Unit (SDCU) activity door leading to the courtyard and on the interior exit door of the courtyard.

Plan of Correction

Accept ([REDACTED] - 11/01/2024)

On 10/17/2024 Administrator placed new codes for door operation at doors that they were not present. Audit done by Administrator on 10/17/2024 to ensure all doors had proper codes posted.

Audit to be done weekly by Memory Care Coordinator to ensure codes are present and have not been removed beginning week of 10/28/2024. Audit sheet is attached.

Education to be provided by Administrator to all staff at next staff meeting to be completed by 11/15/2024.

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented ([REDACTED] - 11/27/2024)