

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

May 2, 2025

[REDACTED]
2901 HARRISBURG PIKE OPERATING COMPANY LLC
[REDACTED]

RE: OAK LEAF MANOR NORTH
2901 HARRISBURG PIKE
LANDISVILLE, PA, 17538
LICENSE/COC#: 33821

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2025 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: OAK LEAF MANOR NORTH | License #: 33821 | License Expiration: 11/21/2025 |
| 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: Hempfield Township |

| Staffing Hours | | |
|----------------------------------|-------------------------------|--------------------------|
| Resident Support Staff: 0 | Total Daily Staff: 151 | Waking Staff: 113 |

| Inspection Information | | |
|-------------------------|---|------------------------|
| Type: Partial | Notice: Unannounced | BHA Docket #: 0 |
| Reason: Incident | Exit Conference Date: 03/06/2025 | |

| Inspection Dates and Department Representative | |
|--|------------|
| 03/06/2025 - On-Site: | [REDACTED] |

| Resident Demographic Data as of Inspection Dates | | | |
|--|-------------------------|--|-----------------------------|
| General Information | | | |
| License Capacity: 135 | | Residents Served: 112 | |
| Secured Dementia Care Unit | | | |
| In Home: Yes | Area: Friendship | Capacity: 34 | Residents Served: 33 |
| Hospice | | | |
| Current Residents: 11 | | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: 0 | | Are 60 Years of Age or Older: 110 | |
| Diagnosed with Mental Illness: 0 | | Diagnosed with Intellectual Disability: 0 | |
| Have Mobility Need: 39 | | Have Physical Disability: 2 | |

| Inspections / Reviews | | |
|------------------------------------|---------------------------------------|-----------------------------------|
| 03/06/2025 Partial | | |
| Lead Inspector: [REDACTED] | Follow-Up Type: POC Submission | Follow-Up Date: 03/21/2025 |
| 03/20/2025 - POC Submission | | |
| Submitted By: [REDACTED] | Date Submitted: 05/01/2025 | |
| Reviewer: [REDACTED] | Follow-Up Type: POC Submission | Follow-Up Date: 03/27/2025 |

Inspections / Reviews *(continued)*

03/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/02/2025

05/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident [redacted] was involved in physical altercations with other residents on 12/28/24, at approximately 3:13 PM, on [redacted] at approximately 10:07 PM, and on [redacted], at approximately 9:45 AM. However, these incidents of abuse were not reported to the local area agency on aging.

Repeated Violation - [redacted], et al

Plan of Correction

Accepted [redacted] 03/28/2025)

Written Report submitted to Local Area on Aging by Administrator on 3/19/2025. Administrator provided verbal education to staff members who documented altercations on 12/28/25, 1/6/25 and 1/9/25 on procedures and importance of reporting any potential form of abuse to Administrator immediately. Abuse reporting and procedures to be reviewed at scheduled Staff meeting for all staff member sand Nursing Meetings for all nursing members on 3/25/25 and 3/26/25 by Administrator. Office of Aging Reports attached. Nursing Managers will review nurses notes, 24 hour report and staff members daily regarding any potential incidents and relay that information to Administrator at stand up meetings daily. This will begin 3/31/25.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 05/02/2025)

16c - Written Incident Report

2. 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

Resident [redacted] was involved in physical altercations with other residents on [redacted], at approximately 3:13 PM, on [redacted] at approximately 10:07 PM, and on [redacted] at approximately 9:45 AM. However, these incidents of abuse were not reported to the Department.

In addition, on [redacted] Resident [redacted] had a physical altercation with Resident [redacted] approximately 2:40 PM, and a physical altercation with Resident [redacted], at approximately 3:30 PM. The home did not report these incidents to the Department until [redacted].

Repeated Violation - [redacted] et al

16c Written Incident Report (continued)

Plan of Correction

Accept (█ - 03/28/2025)

Written Reports completed and sent to Department of Human Services for incidents on 12/28/24, 1/6/25 and 1/9/25 on 3/19/25 by Administrator. Reports attached. Administrator provided verbal education to staff members who documented altercations on 12/28/25, 1/6/25 and 1/9/25 on procedures and importance of reporting any potential form of abuse to Administrator immediately to ensure proper documentation and reporting along with response. Abuse reporting and procedures to be reviewed at scheduled Staff meeting for all staff member sand Nursing Meetings for all nursing members on 3/25/25 and 3/26/25 by Administrator. Administrator to review importance of reporting potential abuse with all Nursing managers at meeting on 3/25/25. Administrator to review Resident to Resident Reporting Document with all nursing managers at meeting on 3/25/25. Resident to Resident Documentation Attached. DHS Reportable Attached. Nursing Managers will review nurses notes, 24 hour report and staff members daily regarding any potential incidents and relay that information to Administrator at stand up meetings daily. This will begin 3/31/25.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented (█ - 05/02/2025)

42b - Abuse

3. 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 █ at approximately 2:40 PM, Resident █ grabbed Resident █ by the hair and hit █ As a result of the incident, Resident █ sustained hair loss from where Resident █ had grabbed █

On █, at approximately 3:30 PM, Resident █ reached out and struck Resident █ on the arm and face. As a result of the incident, Resident █ sustained a red mark on █ left cheek.

On █, during second shift, Resident █ wandered into Resident █ room. As a result, Resident █ shoved Resident █ and pulled █ hair. In response, Resident █ bit Resident █ on the wrist. Both residents sustained bruising from the incident.

Repeated Violation █, et al and █ et al

Plan of Correction

Accept (█ - 03/28/2025)

In all incidents, front line staff were able to end the altercations and get residents involved in safe locations to be evaluated further. All residents involved were assessed for any injuries by the CMT on duty. This was completed on the respective incident dates of 12/30/24 and 12/31/24. Nursing Manager will conduct monthly interviews with residents to evaluate if residents feel safe. This will begin 4/1/25 by the Director of Wellness. Residents will be picked at random. Goodwill Consulting training material previously given to all nursing staff members to be reviewed at Nursing Staff Meeting on 3/25/25 and 3/26/25 by Administrator. This training goes into detail regarding prevention, redirection and reaction. Abuse reporting and procedures to be reviewed at scheduled Staff meeting for all staff

42b - Abuse (continued)

members and Nursing Meetings for all nursing members on 3/25/25 and 3/26/25 by Administrator. Memory Care Director update residents Support plan and assessment of residents who were deemed the aggressor in the incidents on 3/28/25 and to perform Audit of all current memory care residents support plan to ensure no current residents are in need of any further updates. This audit will be completed by 3/31/25. This audit will then be completed monthly by Memory Care Director starting 5/1/25.

Proposed Overall Completion Date: 03/31/2025

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [redacted] - 05/02/2025)

234d - Support Plan Revision

4. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for Resident [redacted] was completed on [redacted]; however, from [redacted] through [redacted], Resident [redacted] exhibited a significant behavioral change which resulted in multiple physical altercations with staff and other residents. The resident's support plan has not been updated to reflect this change.

Plan of Correction

Accept [redacted] - 03/20/2025)

Resident 1 was discharged from facility on 1/16/2025. Administrator to provide education to Nursing Managers regarding the importance of updating changes on respective resident support plan as they are observed in order to provide the best care possible on 3/25/25. Memory Care Director to perform Audit of all current memory care residents support plan to ensure no current updates are in need of updates. This audit will be completed by 3/31/25. This audit will then be completed monthly by Memory Care Director starting 5/1/25.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 05/02/2025)