pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **2618 E MARKET STREET OPERATING COMPANY LLC**
LEGAL ENTITY

To operate **AUTUMN HOUSE EAST**
NAME OF FACILITY OR AGENCY

Located at **2618 EAST MARKET STREET, YORK, PA 17402**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **150**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 32**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 6, 2026** until **November 6, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338230**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: November 6, 2026

[redacted]
2618 E Market Street Operating Company LLC
[redacted]

RE: Autumn House East
2618 East Market Street
York, PA 17402
License/COC #: 33823

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 15, 2026 and September 16, 2026, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License
License Inspection Summary

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

November 3, 2026

[redacted]
2618 E MARKET STREET OPERATING COMPANY LLC
[redacted]

RE: AUTUMN HOUSE EAST
2618 EAST MARKET STREET
YORK, PA, 17402
LICENSE/COC#: 33823

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2026, 09/16/2026 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: *AUTUMN HOUSE EAST* **License #**: *33823* **License Expiration**: *12/30/2026*

Address: *2618 EAST MARKET STREET, YORK, PA 17402*

County: *YORK* **Region**: *CENTRAL*

Administrator

Name: [redacted]

Legal Entity

Name: *2618 E MARKET STREET OPERATING COMPANY LLC*

Address: *173 BRIDGE PLAZA NORTH, FORT LEE, NJ, 7024*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/27/2024* **Issued By**: *Department of Labor & Industry*

Type: *I-1* **Date**: *08/11/2020* **Issued By**: *Springettsbury Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *159* **Waking Staff**: *119*

Inspection Information

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

Reason: *Renewal, Provisional, Incident* **Exit Conference Date**: *09/16/2026*

Inspection Dates and Department Representative

09/15/2026 - On-Site: [redacted]

09/16/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* **Residents Served**: *128*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Laurel Court* **Capacity**: *32* **Residents Served**: *31*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *128*

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

Have Mobility Need: *31* **Have Physical Disability**: *2*

Inspections / Reviews

09/15/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/10/2026*

Inspections / Reviews *(continued)*

10/09/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/23/2026*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/16/2026*

10/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/23/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/23/2026*

11/03/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *10/23/2026*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A, hired [redacted]/23, did not reside in Pennsylvania for the two years immediately preceding the date of application. However, an FBI criminal history record check was not completed.

Plan of Correction ***Accept [redacted] - 10/16/2026)***

The hiring and onboarding process was reviewed with all individuals responsible for recruitment and personnel file compliance. Staff member A will be completing the FBI background check in 10/20/26. The Administrator or designee will audit all new hire personnel files monthly for two months to ensure required criminal history clearances, including FBI clearances when applicable, are obtained and documented prior to employment. Audits to begin the week of 10/5/26.HR representative to audit all current employee files to ensure all background checks have been obtained beginning on 10/12/26. Training on background checks and the hiring process to be done by the Administrator at the staff meeting being held on 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] - 11/03/2026)

82c - Locking Poisonous Materials

2. 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 9/15/26, the following poisonous materials were unlocked, unattended, and accessible in a storage closet within the secure dementia care unit:

- *One gallon of 30% Vinegar Concentrate with a manufacturer's label stating, "If swallowed: Call a Poison Control Center or doctor immediately."*
- *A 1 qt. spray bottle of Krud Kutter concentrated cleaner/degreaser with a manufacturer's label stating " If swallowed, take large amounts of water. Do not induce vomiting. Get medical attention. Keep out of reach of children."*

Not all residents within the home have been assessed as capable of using or avoiding poisonous materials, including Resident #1.

Repeated Violation- 7/29/25, et al.

Plan of Correction ***Accept [redacted] - 10/16/2026)***

Training was provided to the Memory Care staff regarding keeping the door to the gym locked at all times and proper storage of poisonous materials by the Administrator on 10/5/26. Administrator to do daily audits of all doors in the Memory Care to ensure that they are locked when not in use. This audit is to last for one month beginning on 10/2/26. Education on importance of locked doors and proper storage of poisonous materials to be done by the Administrator at the staff meeting being held on 10/21/26.

82c - Locking Poisonous Materials (continued)

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] - 11/03/2026)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/15/26 at 11:05 AM the temperature in the walk-in freezer was 8 degrees Fahrenheit and at 1:38 PM it was 3 degrees Fahrenheit.

Repeated Violation- 7/29/25, et al.

Plan of Correction ***Accept [redacted] - 10/09/2026)***

Walk-in freezer was adjusted by Temp Check on 9/15/26 to maintain proper temperature. Freezer now holds at proper temperature. Dietary manager to audit walk-in freezer temperature daily for one month to ensure proper temperature. This audit will begin on 10/5/26 and will continue for one month. Training on proper freezer and refrigerator temperature to be done by the Administrator at the staff meeting being held on 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] - 11/03/2026)

125a - Combustible Storage

4. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 9/15/26 at 11:33 AM, 2 boxes of 48-inch Phillip's light bulbs, a box of air filters, and two lamps with bulbs were stored directly next to the gas-powered hot water heater.

Plan of Correction ***Accept [redacted] - 10/09/2026)***

Director of Maintenance moved the light bulbs, air filters and lamps away from the hot water heater on 9/15/26. Training provided to the maintenance staff on proper storage procedures was done by the Administrator on 10/2/26. Administrator to perform weekly audits of all storage areas to ensure proper storage of all materials. Audits to begin on 10/12/26 and will continue for a two-month period. Training to all staff on proper storage procedures to be done by the Administrator and Maintenance Director at the staff meeting being held on 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] - 11/03/2026)

132g - Fire Drills Days/Times

5. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds sleeping hour fire drills at 5:30 AM, as evidenced by the drills conducted on 7/31/25, 1/29/26, and 7/8/26.

Plan of Correction ***Accept [redacted] - 10/09/2026)***

Sleeping fire drill was held at 2400 on 9/29/30. Training was given to the Maintenance team regarding proper scheduling and execution of all fire drills by the Administrator on 10/5/26. Schedule for all 2027 fire drills was made by the Administrator and Maintenance Director on 10/5/26. Education on proper timing of fire drills to be done by the Administrator at the staff meeting being held on 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] - 11/03/2026)

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.

Description of Violation

On 9/15/26 at 4:03 PM, 4 loose pills were observed within the A-Hall medication cart.

Repeated Violation- 7/29/25, et al.

Plan of Correction ***Accept [redacted] - 10/09/2026)***

The four loose pills were removed from the cart and properly disposed of by the Resident Care Coordinator on 9/15/26. Resident Care Coordinator to perform weekly cart audits to ensure no loose pills are in any carts. Audits to begin the week of 10/2/2026 and will continue for a two-month period. Education on proper storage of medications to be done by the Administrator and the Director of Wellness at the staff meeting being held on 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] - 11/03/2026)

185a - Implement Storage Procedures

7. 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 9/15/26, the historical data from the glucometers of Resident #2 and Resident #3's was not available for review.

185a - Implement Storage Procedures (continued)

The home's controlled substances policy states "Each medication RA should complete a controlled substance count prior to turning over the med cart keys to another staff member. This is to be done at change of shift, every shift, every day." "Each staff member must sign [redacted] own initials and must be present and agree with the controlled substances count." However, on 8/18/26 Staff Member B and Staff Member C did not complete the narcotic count for E-Hall medication cart after the 3-11 PM shift. When the narcotic count was completed on 8/19/26 at 7 AM, it was discovered that several Hydrocodone-Acetaminophen pills belonging to Resident #4 were missing from the cart and not accounted for.

Plan of Correction ***Accept ([redacted] - 10/16/2026)***

New Glucometer was ordered by the doctor for Resident #3 on 10/7/26. Glucometer arrived and began being used on 10/9/26. Account with LibreView was set up for Resident #2. Director of Wellness will be able to obtain all glucometer history from this account. Training was given to all Medication Technicians regarding the controlled substance policy was done by the Director of Wellness on 8/19/26. An investigation in the missing narcotics was conducted by the Director of Wellness and the Administrator immediately following the discovery of the missing medications on 8/19/26. Incident was reported to DHS at that time. As a result of the investigation, Staff member B was terminated. Director of Wellness to audit all narcotic sheets to ensure narcotic counts are being completed weekly for two months. Audits to begin the week of 10/5/26. Training on controlled substance policy and proper monitoring and documentation from glucometers to be done by the Administrator at the staff meeting being held on 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] 11/03/2026)

186b - Medication Used by Resident

8. Requirements

2600.
186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On 6/18/26 at 12:15 PM, Resident #5 was administered Lorazepam 2mg/ML prescribed for and belonging to Resident #6.

Plan of Correction ***Accept [redacted] - 10/16/2026)***

Training on the five rights of medication administration was provided to all Med Techs by the Director of Wellness on 6/24/26. Director of Wellness to audit all narc sheets to ensure medications are given to the correct residents weekly for two months. Audits to begin the week of 10/5/26. Director of Wellness to conduct medication administration observations of all Medication Technicians to ensure the residents are only receiving the medications prescribed to them. Observations to begin the week of 10/12/26 and will continue until all Medication Technicians have been observed. Training on the five rights of medication administration to be done by the Administrator at

186b - Medication Used by Resident (continued)

the staff meeting being held 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] - 11/03/2026)

225a - Assessment 15 Days

9. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #8's assessment, completed [redacted]/26, did not indicate if the resident has behavioral/cognitive needs related to aggression, as this section was not completed.

Plan of Correction ***Accept [redacted] - 10/09/2026)***

The assessment for Resident 7 was updated to address the behavior/cognitive needs by the Memory Care Coordinator on 9/15/26. Training provided to all nurse managers regarding completion of all areas of the support plan by the Administrator on 9/17/25. Weekly audits of all support plans to be done by the Director of Wellness for a two-month period. Audits to begin the week of 10/5/26. Training on completion of support plans to be done by the Administrator at the staff meeting being held on 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] - 11/03/2026)

225c - Additional Assessment

10. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #9's assessment, completed [redacted]26, indicated "N/A" for the degree of behavioral/cognitive needs of Judgement and Ability to use and avoid poisons. However, the support plan for Judgement stated "Resident has a severe problem with making sound judgement decisions.". The support plan for ability to use and avoid poisons stated "Resident has a severe problem with using and avoiding poisonous materials". The plan to meet both of these needs included "Resident to reside on secure dementia care unit". Resident #9's assessment has not been updated to reflect the resident's behavioral/cognitive needs.

Resident #8's assessment, dated [redacted]/26, was left blank under Aggression and the Description of Service Need indicated "N/A". However, on 5/13/26, the home requested a PRN medication for anger, and the resident was prescribed Lorazepam 0.5MG, take 1 tablet by mouth every 6 hours as needed. On 5/17/26 Resident #8 was transported to the York Hospital emergency department for aggressive behavior. In June and July of 2026, staff documented an increase of physical aggression toward staff, resulting in a prescription for Divalproex DR 125MG, take 1 capsule by mouth

225c - Additional Assessment (continued)

twice daily. On 8/28/26, Resident #8 was transported to the York Hospital emergency department for aggressive behavior and low blood pressure. Resident #8 continues to exhibit aggressive and combative behaviors; however, the resident's assessment has not been updated to specify how the home will meet this behavioral/cognitive need.

Plan of Correction ***Accept [redacted] - 10/16/2026)***

The assessment for Resident 9 was updated to address the behavior/cognitive needs and assessment for Resident 8 was updated to address aggression by the Memory Care Coordinator on 9/15/26. Training provided to all nurse managers regarding completion and updating of all areas of the support plan by the Administrator on 9/17/25. Weekly audits of all support plans to ensure completeness and assessed needs are accurate to be done by the Director of Wellness for a two-month period. Audits to begin the week of 10/5/26. Training on completion of support plans to be done by the Administrator at the staff meeting being held on 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] - 11/03/2026)

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 #7's assessment, dated [redacted]/26, did not address the resident's ability to self-administer medications.

Plan of Correction ***Accept [redacted] - 10/09/2026)***

The assessment for Resident 7 was updated to address the ability to self-administer medications by the Memory Care Coordinator on 9/15/26. Training provided to all nurse managers regarding completion of all areas of the support plan by the Administrator on 9/17/25. Weekly audits of all support plans to be done by the Director of Wellness for a two-month period. Audits to begin the week of 10/5/26. Training on completion of support plans to be done by the Administrator at the staff meeting being held on 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented [redacted] - 11/03/2026)

254c - Records Storing

12. Requirements

2600.

254c - Records Storing *(continued)*

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

On 9/15/26 at 9:22 AM, resident records were unlocked, unattended, and accessible within the therapy room. Confidential resident information was observed, including the name, date of birth, and diagnoses of Resident #10, Resident #11, and Resident #12.

Plan of Correction ***Accept [redacted]R - 10/09/2026)***

Training was provided to the Bayada staff regarding keeping the door to the gym locked at all times and proper storage of resident information by the Administrator on 10/5/26. Administrator to do daily audits of therapy door to ensure that it is locked when not in use. This audit is to last for one month beginning on 10/2/26. Education on importance of locked doors to be done by the Administrator at the staff meeting being held on 10/21/26.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented[redacted] - 11/03/2026)