



Mailing Date: March 2, 2020

Ms. Ashley Creek
Administrator
Senior Care on Market St. LLC
914 West Market Street
York, Pennsylvania 17401

RE: Autumn House of York
Certificate #: 332350

Dear Ms. Creek:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 19, 2019 and December 20, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: AUTUMN HOUSE OF YORK

License Number: 33235

Address: 914 WEST MARKET STREET,, YORK, PA 17401

County: YORK

Region: CENTRAL

Administrator

Name: Ashley Creek

Phone: 7178457214

Email:

Legal Entity

Name: SENIOR CARE ON MARKET ST LLC

Address: 914 WEST MARKET STREET, YORK, PA, 17401

Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/27/2000

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 136

Waking Staff: 102

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint

Inspection Dates and Department Representative

12/19/2019 - On-Site: Laura Heemer, Dale Rosenblatt

12/20/2019 - On-Site: Laura Heemer, Dale Rosenblatt

01/03/2020 - Off-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 132

Residents Served: 105

Secured Dementia Care Unit

In Home: Yes

Area: Laurel

Capacity: 20

Residents Served: 18

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 105

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 31

Have Physical Disability: 3

85a - Sanitary Conditions

Regulations

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

Description of Violation

On 12/19/2019, the scoop for the ice machine in the secure dementia unit dining room was located inside the machine on top of the ice. The bottom strip of the gasket around the door was observed to have an approximate three inch long sticky substance adhered to it.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

- It is important to maintain sanitary conditions for the safety and wellbeing of our residents and staff.
- The ice scoop was immediately removed from the ice machine and the ice machine was cleaned by the housekeeping department.
- Maintenance installed an ice scoop holder by the ice machine to prevent this from occurring again. (See Attachment #1)
- All staff were educated about sanitary conditions at the January staff meeting.
- A daily housekeeping checklist was created and will be utilized by the housekeeping staff to check daily to ensure that the scoop is in the holder, and that the ice machine is free from any substances. (See Attachment #2)
- Housekeeping supervisor will do a weekly check of the ice machine and the checklist to ensure that continued compliance with this regulation is met.
- Facility will submit the first two weeks of checks by the Housekeeping Supervisor to the Department on 2/3/2020.

Legal Entity Representative

Ashley Creek WPA PCHH
Signature

Ashley Creek - Administrator 1/16/2020
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1/21/2020 Plan of correction implementation status as of 3/2/2020
(Date) (Date)

The above plan of correction was approved by BAS
(Initials) Implemented Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

-Resident 1 is prescribed Vitamin B-12 twice daily . The medication was not administered to Resident 1 as prescribed on the 12/10/2019 at 7pm, 12/11/2019 at 7am, and 12/11/2019 at 7pm.

-Resident 1 is prescribed Ferrous Sulfate tablets once daily . This medication was not administered to Resident 1 as prescribed on 12/13/2019 at 7am and 12/14/2019 at 7am.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

- It is important to ensure that resident receive medications and treatments as ordered by their physician.
- All nursing staff educated on the importance of following prescriber's directions at a nursing meeting on 1/15/2020. (See Attachment #3) This training will also be provided to all new hires in the nursing department going forward to ensure continued compliance.
- The nursing supervisor will audit the electronic medication administration records on a weekly basis for the next 12 weeks to ensure that all medications are being given as ordered. (See Attachment #4)
- Facility will submit the first 6 weeks of audits to the Department to review on 3/2/2020.

Legal Entity Representative

Amylett CPN PCHA
Signature

Ashley Creech Administrator 1/16/2020
Printed Name and Title Date

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(Date) (Date)

Implemented
 Not Implemented

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(Initials)

227d - Support Plan Medical/Dental

Regulations

2600.
 227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for Resident 2, dated 9/23/2019, does not document the resident's need for psychiatric services.
 The support plan for Resident 3, dated 3/16/2019, does not document the resident's need and use of an bedside enabler bar.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

- Documentation of the services needed is important to ensure that each resident's needs are being met.
- The support plan for Resident #2 and Resident #3 were updated to include the services that are needed to meet the needs of the residents.
- The nursing management staff that develops and updates the Support Plans and Assessments were educated on the importance of updated Assessments and Support Plans. They reviewed the DHS provided training – RASP 101 and reviewed the case scenarios. (See Attachment #6)
- An initial audit of all current RASPs will be completed by the Director of Nursing to ensure that they all include the necessary information for services that the residents are receiving as well to ensure that anyone identified to be using an enabler bar has been properly assessed and that it is documented in the RASP. This audit will be completed by 2/3/2020.
- Building Administrator will review all new RASPs over the next 12 weeks to ensure continued compliance with this regulation. (See Attachment #7)

Legal Entity Representative

	Ashley Creek Administrator	1/16/2020
Signature	Printed Name and Title	Date

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		<input checked="" type="checkbox"/> Implemented	
		<input type="checkbox"/> Not Implemented	
The above plan of correction was approved by	<u>BAS</u> (Initials)		