



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HAVEN AT SPRINGWOOD OPCO LLC
LEGAL ENTITY

To operate THE HAVEN AT SPRINGWOOD
NAME OF FACILITY OR AGENCY

Located at 2321 FREEDOM WAY, YORK, PA 17402
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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 123
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 13

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 February 12, 2020 until February 12, 2021,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **335030**

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



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DEPARTMENT OF HUMAN SERVICES

February 12, 2020

Mr. Jeff Erhardt
Chief Executive Officer
Haven at Springwood OpCo LLC
1751 Pinnacle Drive, 5th Floor
Tyson's Corner, Virginia 22102

RE: The Haven at Springwood
2321 Freedom Way
York, Pennsylvania 17402
Certificate #: 335030

Dear Mr. Erhardt:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 27, 2020 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Violation Report

Facility Information

Name : THE HAVEN AT SPRINGWOOD

License Number : 33503

Address : 2321 FREEDOM WAY, YORK, PA 17402

County : YORK

Region : CENTRAL

Administrator

Name : Shelia O'Gara

Phone : (727) 547-3261

Email :

Legal Entity

Name : HAVEN AT SPRINGWOOD OPCO, LLC

Address : 1751 PINNACLE DRIVE, 5TH FLOOR, TYSONS CORNER, VA, 22102

Certificate(s) of Occupancy

Type : I-1

Date :

Issued By :

Type : C-2 LP

Date : 01/20/2004

Issued By : Labor and Industry

Staffing Hours

Resident Support Staff : 0

Total Daily Staff : 142

Waking Staff : 107

Inspection

Type : Partial

BHA Docket # :

Notice : Announced

Reason : Complaint, Change Legal Entity

Inspection Dates and Department Representative

01/27/2020 - On-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity : 123

Residents Served : 114

Secured Dementia Care Unit

In Home : Yes

Area : Beacon

Capacity : 13

Residents Served : 10

Hospice

Current Residents : 4

Number of Residents Who:

Receive Supplemental Security Income : 0

Are 60 Years of Age or Older : 114

Diagnosed with Mental Illness : 0

Diagnosed with Intellectual Disability : 0

Have Mobility Need : 28

Have Physical Disability : 5

86b - Bathroom

Regulations

2600.
86. b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom located across from bedroom 9, does not have an operable window or ventilation fan. The ventilation fan is inoperable and there is no window in the bathroom.

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.)

A. With Respect to the Specific Residents Cited:

This violation does not reflect a specific resident.

B. With Respect to How the Community will Identify Residents with the Potential Concerns and Take Corrective Action:

1. *The Maintenance Director has ordered and will install a new ventilation fan once the item arrives in the community. The estimated date of installation is February 12, 2020.*

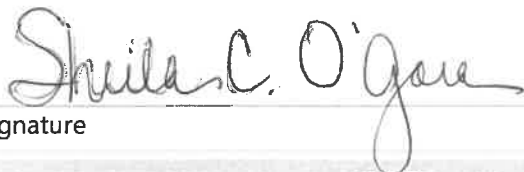
C. With Respect to What Systematic Measures have been put in place to Address the Sated Concern:

1. *The Housekeeping Supervisor will include vent/fan inspections on monthly rounds.*
2. *Maintenance Supervisor will add maintenance task to TELS system to remind Maintenance Supervisor to inspect fan and document inspection in TELS.*

D. With Respect to How the Plan of Corrective Measures will be Monitored:

1. *The Housekeeping Supervisor will include vent/fan inspections on monthly cleaning rounds.*
2. *TELS System will alert of any overdue tasks. This is monitored in the ED/ Maintenance Supervisor Weekly 1:1 Meetings.*

Legal Entity Representative



Signature

Sheila C. O'Gara
 Printed Name and Title Exec. Director

2/6/20
 Date

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

The above plan of correction is approved as of	2/7/2020	Plan of correction implementation status as of	2/12/2020
	(Date)		(Date)
		<input checked="" type="checkbox"/> Implemented	
		<input type="checkbox"/> Not Implemented	
The above plan of correction was approved by	BAS		
	(Initials)		

225c - Additional Assessment

Regulations**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 1's current assessment, dated 9/2/2019, documents the resident's levels of "Irritability" and "Agitation" as minor problems, and her level of "Aggression" as no problem. This assessment does not properly identify the resident's ongoing agitation and physically aggressive behaviors towards staff and other residents of the home, and describe the services required by the home to address these behaviors.

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.)

A. With Respect to the Specific Residents Cited:

Resident's RASP was immediately updated by Director of Health and Wellness (DHW) to accurately reflect resident's aggressive behaviors.

B. With Respect to How the Community will Identify Residents with the Potential Concerns and Take Corrective Action:

1. *DHW completed an audit on all RASPs in our Secured Memory Unit to ensure accuracy on 1/31 and 2/3/20.*
2. *DHW completed RASP 101 Power Point Training provided by DHS Inspector on 2/3/20.*

C. With Respect to What Systematic Measures have been put in place to Address the Stated Concern:

1. *DHW or Designee to include reporting all residents with aggressive behaviors on weekly Retention Log.*
 - a. *Weekly Retention Log will be reviewed by Regional Nursing Team.*
 - b. *DHW or Designee will review the 24-Hour Report at Stand Up Meetings to identify residents with a change of condition.*
 - c. *DHW or Designee will complete monthly RASP audits on any resident who exhibits aggressive behaviors to ensure RASPs are accurate and up to date.*

D. With Respect to How the Plan of Corrective Measures will be Monitored:

2. *DHW or Designee will include reporting any residents with aggressive behaviors on the weekly Retention Log.*
 - a. *Weekly Retention Log will be reviewed by Regional Nursing Team.*
 - b. *DHW or Designee will complete monthly RASP audits on any resident who exhibits aggressive behaviors to ensure RASPs are accurate and up to date.*
 - c. *DHW or Designee to utilize Clinical Quality Worksheet to track aggression and intervention of same, and reviewing during monthly Quality Assurance meetings.*

Legal Entity Representative

Sheila C. O'Gara
Signature

Sheila C O'Gara 2/6/20
Printed Name and Title Exec. Director Date

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The above plan of correction is approved as of 2/7/2020 Plan of correction implementation status as of 2/12/2020
(Date) (Date)

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