

Department of Human Services
Bureau of Human Service Licensing

October 5, 2020

JEFF ERHARDT, CEO
HAVEN AT SPRINGWOOD OPCO LLC
1751 PINNACLE DRIVE, 5TH FLOOR
TYSONS CORNER, VA 22102

RE: THE HAVEN AT SPRINGWOOD
2321 FREEDOM WAY
YORK, PA, 17402
LICENSE/COC#: 33503

Dear Mr. Erhardt,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2020, 08/05/2020, 08/06/2020, 08/07/2020, 08/10/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE HAVEN AT SPRINGWOOD* License #: *33503* License Expiration Date: *02/12/2021*
 Address: *2321 FREEDOM WAY, YORK, PA 17402*
 County: *YORK* Region: *CENTRAL*

Administrator

Name: *Shelia O'Gara* Phone: *7177419919* Email: *executivedirector@havenatspringwood.com*

Legal Entity

Name: *HAVEN AT SPRINGWOOD OPCO LLC*
 Address: *1751 PINNACLE DRIVE, 5TH FLOOR, TYSONS CORNER, VA, 22102*
 Phone: *7177419919* Email: *JERHARDT@WHITEOAKHCF.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/20/2004* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *124* Waking Staff: *93*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *08/07/2020*

Inspection Dates and Department Representative

08/04/2020 - Off-Site: Douglas Hoover
08/05/2020 - Off-Site: Douglas Hoover
08/06/2020 - Off-Site: Douglas Hoover
08/07/2020 - Off-Site: Douglas Hoover
08/10/2020 - Off-Site: Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *123* Residents Served: *103*

Secured Dementia Care Unit

In Home: *Yes* Area: *Beacon* Capacity: *13* Residents Served: *8*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *103*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

08/04/2020 - Partial

Lead Inspector: *Douglas Hoover*Follow-Up Type: *POC Submission*Follow-Up Date: *08/29/2020*

9/16/2020 - POC Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission*Follow-Up Date: *10/21/2020*

10/5/2020 - Document Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Not Required*

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

On 7/1/2020, 7/2/2020 and 7/12/2020, Lorazepam (PRN) was used as a chemical restraint to control Resident #1's behaviors and agitation.

On 7/1/2020, at 8:36 pm, **Lorazepam, 1 MG/0.2ML** concentrate topical was administered to Resident #1 with the following notation: "Had to give Resident PRN Lorazepam (Topical) for agitation at about 8:35pm."

On 7/2/2020, at 7:47 am, **Lorazepam, 1 MG** tablet was administered to Resident #1 with the following notation: "Resident was given PRN lorazepam at 8am this morning for behaviors."

On 7/12/2020, at 1:43 am, **Lorazepam, 1 MG** tablet was administered to Resident #1 with the following notation: "Resident became increasingly agitated and began shouting for help. PRN lorazepam administered at 1:45 a.m."

Plan of Correction

Accept

A. With Respect to the specific resident or event cited.

Resident #1 support plan not completed per regulations for Secure Dementia Unit within 72 hours of admission . Resident #1 does not reside in the community anymore.

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

Training to be completed by 9/21/2020 for all Med Techs and DCS on how to manage behaviors. See attachment #1

Training signature sheet will be sent to DHS after training completed.

C. With respect to what Systemic measures have been put in place to address the stated concern

Executive Director and Director of Health and Wellness will review 24 hour book at stand up to and discuss any behaviors along with what

Non-Medication Interventions can be put in place to manage behaviors.

D. With respect to how the plan of corrective measures will be monitored

Executive Director and Director of Health and Wellness will discuss behaviors during monthly Quality Assurance meeting to ensure non

Medication interventions are put in place and noted on RASP.

Completion Date: 09/21/2020

Document Submission

Implemented

See Attached Training completed 9/16 and 9/21/20.

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 5/15/2020.

The most recent support plan was dated 7/10/2020 with a date of 1/11/2020 for the previous support plan. The home did not implement a support plan within 72 hours of admission for Resident #1.

Plan of Correction

Accept

A. With Respect to the specific resident or event cited.

Resident #1 support plan not completed per regulations for Secure Dementia Unit within 72 hours of admission

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

Director of Health and Wellness or Memory Support Direct will ensure RASP is completed per regulations.

This will be tracked using the Clinical Admission Check sheet.

C. With respect to what Systemic measures have been put in place to address the stated concern

Executive Director and Director of Health and Wellness will review Clinical Admission Check sheet at weekly 1:1 meetings to ensure compliance

D. With respect to how the plan of corrective measures will be monitored

Executive Director and Director of Health and Wellness will discuss any new admissions during monthly Quality Assurance meeting to ensure RASP's are completed to meet regulation requirements.

Completion Date: 08/28/2020

Document Submission

Implemented

completed