

Department of Human Services
Bureau of Human Service Licensing

July 21, 2022

[REDACTED] ADMINISTRATOR
[REDACTED]

RE: AUTUMN HOUSE EAST
2618 EAST MARKET STREET
YORK, PA, 17402
LICENSE/COC#: 33426

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2022, 02/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *AUTUMN HOUSE EAST* License #: *33426* License Expiration: *10/11/2022*
Address: *2618 EAST MARKET STREET, YORK, PA 17402*
County: *YORK* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/24/1994* Issued By: *L & I*
Type: *C-2 LP* Date: *04/27/2004* Issued By: *L & I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal* Exit Conference Date: *02/09/2022*

Inspection Dates and Department Representative

02/08/2022 - On-Site: [REDACTED]
02/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *116*

Secured Dementia Care Unit

In Home: *Yes* Area: *Laurel Court* Capacity: *32* Residents Served: *26*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *none* Are 60 Years of Age or Older: *116*
Diagnosed with Mental Illness: *none* Diagnosed with Intellectual Disability: *none*
Have Mobility Need: *43* Have Physical Disability: *none*

Inspections / Reviews

02/11/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/07/2022*

Inspections / Reviews (*continued*)

06/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/15/2022*

07/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

86b - Bathroom

1. Requirements

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 in Resident 2's bedroom, does not have a window. The ventilation fan is inoperable.

Plan of Correction

Accept

**By 3/1, staff and residents will receive education to immediately inform the administration of any devices in the home that are inoperable or in need of repair so that administration can investigate and implement a remedy, as necessary.*

**The fan in Resident 2's room was fixed day of inspection on 2/9/22 by Maintenance and continues to work properly.*

Completion Date: 03/01/2022

Document Submission

Implemented

**By 3/1, staff and residents will receive education to immediately inform the administration of any devices in the home that are inoperable or in need of repair so that administration can investigate and implement a remedy, as necessary.*

**The fan in Resident 2's room was fixed day of inspection on 2/9/22 by Maintenance and continues to work properly.*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 02/09/22, the hot water temperature in the E hall's bath/shower room measured 126.3 degrees Fahrenheit.

Plan of Correction

Accept

**Water temperature checks are being performed by company policy(once a month) by Director of Maintenance, beginning April 2022 and have stayed within normal limits.*

**Proper adjustments are being made anytime temps are out of compliance to keep temperatures within normal limits.*

Completion Date: 04/05/2022

Document Submission

Implemented

**Water temperature checks are being performed by company policy(once a month) by Director of Maintenance, beginning April 2022 and have stayed within normal limits.*

**Proper adjustments are being made anytime temps are out of compliance to keep temperatures within normal limits.*

185a - Implement Storage Procedures

1. 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 02/09/22, the following discrepancies regarding medications and medical equipment were found:

185a - Implement Storage Procedures (continued)

-Resident 5's blood sugar reading of 80, noted in the medication administration record (MAR) on 01/25/22 at 8 am, was not found in the resident's glucometer.

-Resident 5's blood sugar reading of 172 recorded in the MAR on 01/30 at 12pm does not match the 173 seen in the glucometer for same day and time.

-Resident 6's blood sugar reading of 258 noted in the MAR on 01/26 does not match glucometer reading of 253 for same date and time.

-Resident 7's blood sugar reading of 123 found in the glucometer on 01/09 at 8 pm was not recorded in the MAR.

-Resident 8's blood sugar reading at 12pm of 215 recorded in the MAR on 01/28/22 does not match the 251 glucometer reading at 11:53 am.

Plan of Correction**Accept**

*Director of Wellness educated all Certified Med Techs/LPN's on proper use of residents glucometer on 3/9/22 as part of a nursing meeting.

*Director of Wellness will conduct checks of 25% of glucometers in the building monthly starting on 4/1.

*Nursing staff will have glucometer checks as part of their monthly med cart audits.

Completion Date: 04/01/2022

Document Submission**Implemented**

*Director of Wellness educated all Certified Med Techs/LPN's on proper use of residents glucometer on 3/9/22 as part of a nursing meeting.

*Director of Wellness will conduct checks of 25% of glucometers in the building monthly starting on 4/1.

*Nursing staff will have glucometer checks as part of their monthly med cart audits.

187b - Date/Time of Medication Admin.**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 3 is prescribed [REDACTED]

[REDACTED] Resident 3's medication administration record (MAR) does not include the initials of the staff person who administered them on 01/19/22 at 8 am.

Resident 4 is prescribed [REDACTED]

[REDACTED] The resident's MAR does not include the initials of the staff person who administered them on 01/09/22 at 8 am.

Resident 5 is prescribed [REDACTED]

[REDACTED] Resident 5's MAR does not include the initials of the staff person who administered them on 01/07/22 at 12 pm.

187b - Date/Time of Medication Admin. (continued)

Resident 6 is prescribed [REDACTED] Resident 6's MAR does not include the initials of the staff person who administered them on 01/23, 01/25, and 01/28 at 10 pm.

Resident 7 is prescribed [REDACTED] Resident 7's MAR does not include the initials of the staff person who administered them on 01/14 at 12 pm.

Plan of Correction**Accept**

*Director of Wellness provided education to all Certified Med Techs in the building about proper documentation of in the MAR on 3/9/22.

*Director of Wellness will perform monthly checks, beginning in April, 2022, on the MAR to ensure proper documentation is ongoing and that medication is being signed off at the time of administration.

Completion Date: 03/09/2022

Document Submission**Implemented**

*Director of Wellness provided education to all Certified Med Techs in the building about proper documentation of in the MAR on 3/9/22.

*Director of Wellness will perform monthly checks, beginning in April, 2022, on the MAR to ensure proper documentation is ongoing and that medication is being signed off at the time of administration.

187c - Refusal of Medication**1. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 01/02, 01/07, 01/09, 01/12, 01/18, 01/20, 01/23, 01/25, 01/27 and 01/28/22 at 10 pm, Resident 7 refused to take a scheduled dose of [REDACTED] The home did not record these refusals in the MAR.

On 01/23, 01/25 and 01/28/22 at 10 pm, Resident 7 refused to take a scheduled dose of [REDACTED] The home did not record these refusals in the MAR.

Plan of Correction**Accept**

*Director of Wellness provided education to all Certified Med Techs in the building about proper documentation of refusals in the MAR on 3/9/22.

*Director of Wellness will perform monthly checks on the MAR to ensure proper documentation is ongoing, beginning April 2022.

Completion Date: 03/09/2022

187c - Refusal of Medication (*continued*)**Document Submission****Implemented**

**Director of Wellness provided education to all Certified Med Techs in the building about proper documentation of refusals in the MAR on 3/9/22.*

**Director of Wellness will perform monthly checks on the MAR to ensure proper documentation is ongoing, beginning April 2022.*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident 1's most recent annual assessment was completed on [REDACTED] The previous annual assessment was completed on [REDACTED]

Plan of Correction**Accept**

**Director of Wellness will check annual assessments to make sure that they are being done annually.*

**In this specific case, the residents POA did not take resident to her physician when the assessment was due. We finally got [REDACTED] switched to our medical director to have the assessment done, as of [REDACTED]*

**All residents assessments are current and up tp date at this time.*

Completion Date: 04/01/2022

Document Submission**Implemented**

**Director of Wellness will check annual assessments to make sure that they are being done annually.*

**In this specific case, the residents POA did not take resident to her physician when the assessment was due. We finally got [REDACTED] switched to our medical director to have the assessment done, as of [REDACTED]*

**All residents assessments are current and up tp date at this time.*