

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

July 27, 2023

[REDACTED], EXECUTIVE DIRECTOR  
HAVEN AT SPRINGWOOD OPCO LLC  
2321 FREEDOM WAY  
YORK, PA, 17402

RE: SEATON SPRINGWOOD  
2321 FREEDOM WAY  
YORK, PA, 17402  
LICENSE/COC#: 33503

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/09/2023, 05/11/2023, 05/12/2023 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:** SEATON SPRINGWOOD **License #:** 33503 **License Expiration:** 02/12/2024  
**Address:** 2321 FREEDOM WAY, YORK, PA 17402  
**County:** YORK **Region:** CENTRAL

**Administrator**

**Name:** [REDACTED] **Phone:** [REDACTED]

**Legal Entity**

**Name:** HAVEN AT SPRINGWOOD OPCO LLC  
**Address:** 2321 FREEDOM WAY, YORK, PA, 17402  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 01/20/2004 **Issued By:** Department of Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 120 **Waking Staff:** 90

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint **Exit Conference Date:** 05/09/2023

**Inspection Dates and Department Representative**

05/09/2023 - On-Site [REDACTED]  
05/11/2023 - Off-Site [REDACTED]  
05/12/2023 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 123 **Residents Served:** 90

**Secured Dementia Care Unit**  
**In Home:** Yes **Area:** Beacon **Capacity:** 13 **Residents Served:** 12

**Hospice**  
**Current Residents:** 5

**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 93  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 30 **Have Physical Disability:** 0

**Inspections / Reviews**

05/09/2023 Partial  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/29/2023

Inspections / Reviews (*continued*)

## 06/01/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/08/2023

## 06/16/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/26/2023

## 07/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately [redacted], an allegation of abuse occurred involving Resident 1. The home did not report this incident to the Department until [redacted] at [redacted]

Plan of Correction

Accept [redacted] - 06/16/2023)

Immediately, the Administrator reviewed regulation 16c with department leaders and reporter responsible for sending the report within the required 24 hours timeframe. Completed on 5/9/2023.

Training on Department of Human Services reporting requirements will be provided to all managers and health and wellness leadership team by administrator and will be conducted by 6/30/2023.

A rubric tool that provides reporting guidelines will be developed by administrator (page 1a-c)- completed 5/25/2023

The administrator will distribute the rubric to all department heads and it will be reviewed by 6/30/2023. This rubric will be used as a reference tool for any incident that occurs to determine what reports need to be completed for which entity.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [redacted] - 07/11/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately [redacted], Staff Member B witnessed Staff Member A raising [redacted] hand and could hear yelling coming from Resident 1’s room. Upon entering Resident 1’s room, Staff Member B witnessed Staff Member A speak to Resident 1 in a loud voice as well as witnessed Resident 1 lying on floor. Staff Member B observed cuts on the resident’s hands and saw bleeding from the resident’s mouth. Resident 1 was taken to the hospital and diagnosed with a broken finger on their right hand.

Plan of Correction

Accept [redacted] - 06/16/2023)

Immediately, on [redacted] staff member A was suspended pending investigation of the incident by the Administrator. A verbal report was submitted to office of aging on [redacted] followed by a written report by the Memory Care Director. Staff member A was questioned and completed a written statement on [redacted] other care aides present near and around the time of the alleged incident were also interviewed by the Administrator and completed a written statement. Staff member A is no longer employed by the home effective [redacted]

Training with topics to include, but not limited to, older adult protective services, abuse, and resident rights will be

42b Abuse (continued)

completed by Health and Wellness leadership for all direct care staff by 6/30/2023 and will be completed upon hire and, at minimum, annually thereafter.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented ( [redacted] 07/12/2023)

190a - Completion Medication Course

3. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member C, who has not successfully completed the Department approved medications administration course, administered medications to residents to include the following:

On [redacted], Staff Member C administered Resident 2, [redacted]. Take 1 Tablet Orally Daily ( [redacted] Do Not Crush). DX: [redacted]

On [redacted] and [redacted] at [redacted] Staff Member C administered Resident 3, [redacted]. Take 1 Tablet Orally Daily. DX: [redacted]

On [redacted] at [redacted] Staff Member C administered Resident [redacted], Take 1 Tablet Orally Daily. DX: [redacted]

Plan of Correction

Directed ( [redacted] - 06/16/2023)

Immediately

Staff member C is removed from medication administration privileges effective immediately. Administrator notified staff member C of this revocation on 5/11/2023.

Staff member C may not work as medication tech until remediation is completed, per Standard Medication Administration Training remediation requirements, by producing renewal certification from within the previous 2 years and completing remediation requirements dictated by Standard Medication Administration Training , or by re completing the medication administration course in entirety.

The new hire required documentation checklist will be updated (previous version, page 3a) to include medication administration staff requirements (updated version, page 3b) completed 5/25/2023.

The new hire checklist (page 3b) will be implemented and used for each new medication tech hire effective 6/1/2023 and at time of onboarding each new hire thereafter.

A full audit of medication tech personnel files will be completed by the business office manager or administrator by 6/30/2023 and quarterly thereafter.

**190a Completion Medication Course (continued)***Directed*

- *Immediately Staff member C was removed from medication administration privileges effective immediately. Administrator notified staff member C of this revocation on 5/11/2023.*
- *Staff member C may not work as medication tech until the entire medication administration course and initial requirements are completed, per Standard Medication Administration Training requirements.*
- *The new hire required documentation checklist will be updated (previous version, page 3a) to include medication administration staff requirements (updated version, page 3b) completed 5/25/2023.*
- *The new hire checklist (page 3b) will be implemented and used for each new medication tech hire effective 6/1/2023 and at time of onboarding each new hire thereafter.*
- *A full audit of medication tech personnel files will be completed by the business office manager or administrator by 6/30/2023 and quarterly thereafter.*

**Directed Completion Date: 06/30/2023**

**Implemented ( [REDACTED] - 07/12/2023)**