



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 21, 2023

[REDACTED] Executive Vice President
914 W. Market Street Operating Company, LLC
[REDACTED]

RE: Autumn House of York
914 West Market Street
York, Pennsylvania 17401
Certificate #: 338220

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 19, 2023 and August 25, 2023 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.

In accordance with 55 Pa. Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa. Code Ch. 2600.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

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

Facility Information

Name: *AUTUMN HOUSE OF YORK* License #: *33822* License Expiration:
Address: *914 West Market Street, York, PA 17401*
County: *YORK* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *914 W. Market Street Operating Company, LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/27/2000* Issued By: *Department of Labor and Industry*
Type: *Other* Date: *09/20/2000* Issued By: *City of York*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *131* Waking Staff: *98*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Complaint, Change Legal Entity* Exit Conference Date: *07/18/2023*

Inspection Dates and Department Representative

07/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *132* Residents Served: *101*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *20* Residents Served: *16*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *101*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *1*

Inspections / Reviews

07/18/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2023*

08/03/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/10/2023*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/14/2023*

10/17/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *08/10/2023*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]/2023 at approximately [REDACTED] AM, Resident #1 had a verbal altercation with Resident #2. Resident #2 was observed laying on the floor following the verbal altercation. On [REDACTED]/2023 at approximately [REDACTED] AM, Resident #1 was engaged in a fist fight with another resident. On [REDACTED]/2023, Resident #1 was engaged in a physical altercation with Resident #2, causing a skin tear on Resident #2's arm. On [REDACTED]/2023, Resident #1 pushed another resident. These incidents were reported to staff on the dates the incidents occurred. However, the Act-13 Mandatory Abuse form was not completed or submitted to AAA as of 7/18/2023.

Plan of Correction

Accept ([REDACTED] - 08/03/2023)

The Administrator will educate and review reporting with the on-call staff which consists of Assistant Director of Wellness, Resident Care Coordinator, Resident Care Coordinator- Memory Care and Memory Care Coordinator on August 2, 2023. This will ensure the on-call staff has all the appropriate paperwork to report incidents. The Administrator will also review and educate Personal Care Aides and Certified Medical Technicians on reportable incidents and emergencies on August 3, 2023. The training will review reportable incidents and the allocated timeframe the reports must be completed and submitted. We will create a binder with the proper procedures, contact information and reporting information. The binder will be in the nursing station which is available to all staff and departments. The Assistant Director of Wellness posted an on-call schedule by the medication carts for all floor staff to view and understand whom the point of contact is for any emergencies and incidents. This was completed on July 27, 2023. This will ensure all reporting is completed in a timely manner. The Assistant Director of Wellness will ensure all department directors receive the on-call staff list monthly and are aware of the proper procedures. This was completed on July 28, 2023, during the daily morning meeting with department directors.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented ([REDACTED] - 10/17/2023)

16c - Written Incident Report

2. 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]/2023, Resident #1 punched Resident #2 in the face. The home did not report this incident to the Department until 7/18/2023.

On [REDACTED]/2023 at approximately [REDACTED] AM, Resident #1 had a verbal altercation with Resident #2. Resident #2 was observed laying on the floor following the verbal altercation. On [REDACTED] 2023 at approximately [REDACTED] AM, Resident #1 was engaged in a fist fight with another resident. On [REDACTED]/2023, Resident #1 was engaged in a physical altercation with Resident #2, causing a skin tear on Resident #2's arm. On [REDACTED]/2023, Resident #1 pushed another resident. The home did not report these incidents to the Department as of 7/18/2023.

16c - Written Incident Report (continued)

Plan of Correction

Accept [REDACTED] - 08/03/2023)

The Administrator will educate and review reporting with the on-call staff which consists of Assistant Director of Wellness, Resident Care Coordinator, Resident Care Coordinator- Memory Care and Memory Care Coordinator on August 2, 2023. The training will be reviewing Appendix B: Requirements and Best Practices for Reportable Incidents from the RCG. Ensure the on-call staff has all the appropriate paperwork to report incidents. The Administrator will also review and educate Personal Care Aides and Certified Medical Technicians on reportable incidents and emergencies on August 3, 2023. The training will review reportable incidents and the allocated timeframe the reports must be completed and submitted. We will create a binder with the proper procedures, contact information and reporting information. The binder will be in the nursing station which is available to all staff and departments. The Assistant Director of Wellness posted an on-call schedule by the medication carts for all floor staff to view and understand whom the point of contact is for any emergencies and incidents. This was completed on July 27, 2023. This will ensure all reporting is completed in a timely manner. The Assistant Director of Wellness will ensure all department directors receive the on-call staff list monthly and are aware of the proper procedures. This was completed on July 28, 2023, during the daily morning meeting with department directors.

Licensee's Proposed Overall Completion Date: 08/03/2023

Not Implemented [REDACTED] - 10/17/2023)

42b - Abuse

3. 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]/2023, Resident #1 pushed another resident in the home. On [REDACTED]/2023 at approximately [REDACTED] AM, Resident #1 had a verbal altercation with Resident #2. Resident #2 was observed laying on the floor following the verbal altercation. On [REDACTED]/2023 at approximately [REDACTED] AM, Resident #1 was engaged in a fist fight with another resident. On [REDACTED]/2023, Resident #1 was engaged in a physical altercation with Resident #2, causing a skin tear on Resident #2's arm. On [REDACTED]/2023, Resident #1 punched Resident #2 in the face causing a bruise under Resident #2's eye.

Plan of Correction

Directed [REDACTED] - 08/03/2023)

As part of our required yearly training a virtual module on "Abuse, Neglect & Exploitation" through Relias has been assigned and to be completed by September 30, 2023. Administrator has also reached out to AAA to assist with training on resident-on-resident abuse.

(Directed)

- The Administrator or designee will provide education to all staff on positive interventions and redirection by 8/14/2023.
- The Administrator or designee will reassess Resident #1 and update the resident's support plan to determine if resident #1's needs can be met by the home.
- Resident #1's support plan will also be updated to reflect supervision needs to include 15 minutes checks. Beginning no later than 8/14/2023, Resident #1 will receive 15 minutes visual checks in the home. The visual checks will be documented as they are being completed and filed at the home.

Directed Completion Date: 09/30/2023

42b - Abuse (continued)

Not Implemented (█ - 10/17/2023)

42s - Privacy

4. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video monitoring and recording of the interior and exterior entrances. However, residents are not informed upon admission that this area is subject to video recording and signs are not posted in these areas indicating that images are being recorded.

Plan of Correction

Directed (█ - 08/03/2023)

The administrator posted signs at all entrances/exits indicating images are being recorded. A letter has been completed and added to admissions. Completed on August 2, 2023.

(Directed)

- All residents in the home will be informed that the homes' entrances and exits as well as interior corridors leading to entrances and exits are subject to video recording by the Administrator or designee no later than 8/14/2023.
- Beginning on 8/14/2023, residents being admitted to the home will be informed that these areas are subject to recording by the administrator or designee upon admission.

Directed Completion Date: 08/14/2023

Not Implemented (█ - 10/17/2023)

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #3's bed contains an enabler with an opening measuring approximately 7 inches wide by 5 inches high. On 7/18/2023, the enabler was observed to be uncovered and not secured to the resident's bed, creating a potential safety hazard.

Plan of Correction

Directed (█ - 08/03/2023)

The home will be providing a full inspection of the enabler bars. Assistant Director of Wellness and Administrator will be providing education to residents on proper protocol and procedure. The inspection and education will be completed by August 30, 2023, by our Maintenance Director, Administrator and Assistant Director of Wellness.

(Directed)

- Resident #3's enabler will be properly secured to the resident's bed by the Administrator or designee no later than 8/14/2023.

81b - Resident Personal Equipment (continued)

- Education will be provided to all staff members on ensuring enablers in resident rooms with an opening exceeding 4 3/4 inches are properly covered and secured to the bed. Education will be provided by the Administrator or designee no later than 8/14/2023.
- Beginning on 8/14/2023, the Administrator or designee will perform monthly audits of residents who utilize an enabler or bed rail to ensure they are properly covered and secured to the bed. Results of the audits will be discussed at the home's quality management meetings to discuss concerns or alternative devices that could be used should a resident continue to refuse to cover the enabler.

Directed Completion Date: 08/30/2023

Not Implemented (█ - 10/17/2023)

82a - Poisonous Materials**6. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 7/18/2023 at approximately 9:30 AM, a clear spray bottle, filled with an unidentified substance, was found in the linen closet on the 3rd floor by resident room #309. A manufacturer's label was not present on the spray bottle.

Plan of Correction

Accept (█ - 08/03/2023)

The spray bottle was removed immediately. Administrator educated Housekeeping Supervisor on proper labeling on July 19, 2023. The supervisor met with housekeeping staff and provided education on proper labeling and storing chemicals. The education was completed on July 20, 2023. The housekeeping supervisor will be doing weekly checks that started on July 24, 2023.

Licensee's Proposed Overall Completion Date: 08/02/2023

Not Implemented (█ - 10/17/2023)

85a - Sanitary Conditions**7. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/18/2023 at approximately 9:35 AM, three used Styrofoam cups were observed on the windowsill in shared bathroom labeled as #30. The used cups contained an orange residue on the inside of each cup and were not labeled, creating unsanitary conditions.

On 7/18/2023 at approximately 10:00 AM, four used toothbrushes were observed in the shared bathroom labeled as #20. The toothbrushes were observed to have dried toothpaste on the bristles and handles and were resting on top of a silver holder which had a layer of used toothpaste covering the surface. One of the toothbrush heads was leaning against the wall of the bathroom which was also covered in dried toothpaste and other substances. Additionally, the window curtain next to the toothbrushes was observed to be covered in toothpaste and stains

On 7/18/2023 at approximately 10:15 AM, feces was observed on the floor of the shared bathroom labeled as #13. Per resident interview, the feces was reported to a staff member in the home around 9:00 AM. Another resident was

85a - Sanitary Conditions (continued)

observed using the restroom around 10:20 AM, prior to the floor being cleaned.

Plan of Correction

Accept (█ - 08/03/2023)

The shared bathroom #30 was deep cleaned by housekeeping staff and housekeeping supervisor on July 20, 2023. Styrofoam cups were removed and thrown away. The resident was issued a 30-day notice due prior to 7/18/23 due to continued sanitary concerns and lack of cooperation. Resident has moved from the community since then.

The shared bathroom #20 was deep cleaned by the housekeeping supervisor on July 20, 2023. The extra toothbrushes were removed with residents' permission. A plastic crate was purchased to assist the resident with storing █ personal items in a central location. █ crate and one toothbrush have been labeled. The window curtain was removed. This was completed on July 20, 2023.

The shared bathroom #13 was deep cleaned on July 18, 2023. Administrator educated housekeeping supervisor about responding to these incidents in a timely manner. Administrator spoke to supervisor on July 19, 2023. Administrator also spoke to leadership during the daily morning meeting on July 19, 2023, that if a resident is reporting an issue to let the director know of the department immediately and if there is no response they need to go to the Administrator.

Housekeeping staff will be doing shared bathroom audits weekly to ensure items are labeled starting July 20, 2023. The administrator will also review sanitary concerns and proper labeling at the next resident council meeting that is scheduled for August 9, 2023.

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented (█ - 10/17/2023)

85e - Trash Outside Home**8. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/18/2023 at approximately 12:20 PM and again at 3:10 PM, the outside dumpster was not covered and not actively in use.

Plan of Correction

Accept (█ - 08/03/2023)

A reminder sign was posted on the receptacles about ensuring all doors and lids are closed at all time. The housekeeping supervisor also spoke with housekeeping staff on July 20, 2023 to ensure that when they are throwing away trash the doors are always closed. The maintenance director will also be doing daily checks starting July 20, 2023.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented (█ - 10/17/2023)

93a - Handrails

9. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

Each floor of the home has 3 balconies for resident use. Each balcony has one step down from the door opening to the balcony; the 3rd floor step measures approximately 2 inches, the 2nd floor step measures approximately 4 inches and the 1st floor balcony step measures approximately 2 inches. There were no handrails/railings for these areas.

Plan of Correction

Directed () - 08/03/2023)

Administrator is working on securing a contractor to install the handrails for the balconies. Administrator is working with () and () Construction & Iron Work to get more information on installation on handrails.

Handrails should be completed by September 30, 2023.

(Directed)

- Starting 8/14/2023, the Administrator or designee will complete monthly audits of the home's railings and/or handrails to ensure the rails are well secured and in good condition. Documentation of the audits will be kept by the home.

Directed Completion Date: 09/30/2023

Implemented () - 10/17/2023)

100a - Exterior - Free of Hazards

10. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 7/18/2023, the secured railings on the home's 1st, 2nd and 3rd floor balconies were observed to be covered in rust.

Plan of Correction

Directed () - 08/03/2023)

The administrator is working on securing a contractor to work on the rusted balcony railings. The administrator is working with () Painting Co. and () Painting Inc. to get more information on repairs. We are looking at having the repairs completed by September 30, 2023.

(Directed)

Starting 8/14/2023, the Administrator or designee will complete monthly audits of the home's railings and/or handrails to ensure the rails are well secured and in good condition. Documentation of the audits will be kept by the home.

Directed Completion Date: 09/30/2023

Implemented () - 10/17/2023)

103e - Left Overs

11. Requirements

103e - Left Overs (continued)

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 7/18/2023 at approximately 9:40 AM, there was an unlabeled, undated Dixie ice cream cup, partially covered with a loose piece of paper towel in the resident freezer by room #312.

On 7/18/2023 at approximately 10:30 AM, there were two unlabeled, undated Styrofoam cups that were 1/3 full of lemon juice and orange juice. These cups were observed in the first-floor resident refrigerator.

Plan of Correction

Accept [REDACTED] 08/03/2023)

Refrigerators were cleaned out on July 20, 2023, and all items that were not labeled were removed. Housekeeping staff will be checking refrigerators daily and removing any items that are not labeled. This started on July 24, 2023. The housekeeping supervisor will be doing a weekly check of the refrigerators that will start on August 4, 2023. The administrator posted a friendly reminder on the refrigerator about proper storage in the refrigerator. The administrator also installed label holders at each refrigerator to ensure residents have access to labels and can label their items. This was completed on July 31, 2023.

The administrator will also review sanitary concerns and proper labeling at the next resident council meeting that is scheduled for August 9, 2023.

Licensee's Proposed Overall Completion Date: 08/09/2023

Not Implemented ([REDACTED] - 10/17/2023)

107d - Procedure Emergency Management Agency Submission

12. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed or submitted to the local emergency management agency since 3/21/2022.

Plan of Correction

Directed ([REDACTED] 08/03/2023)

The administrator is preparing the letter to mail, and it will be completed by August 11, 2023.

(Directed)

- The home will review the the written emergency procedures and update the document, if applicable, no later than 8/11/2023.
- The emergency procedures will be submitted to the local emergency management agency no later than 8/14/2023. Documentation of the submission will be kept by the home.
- The Administrator or designee will create a tickler as a reminder to review, update and submit the emergency procedures on an annual basis by 8/14/2023.

Directed Completion Date: 08/14/2023

Implemented ([REDACTED] - 10/17/2023)

109b - Rabies Vaccination

13. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 7/18/2023, a feline was present at the home. The home does not have a current certificate of rabies vaccination for the feline.

Plan of Correction

Directed () - 08/03/2023)

Resident's family provided the current rabies vaccinations, and this was completed on August 2, 2023.

(Directed)

- Resident's family provided the current rabies vaccinations, and this was completed on August 2, 2023. Documentation was kept by the home.
- The Administrator or designee will audit all other pets residing in the home to ensure the home has current current rabies vaccination certificates from a licensed veterinarian. Audit will be completed no later than 8/14/2023.
- Beginning 9/1/2023, quarterly audits will be completed by the Administrator or designee to ensure the home continues to have current vaccination records.

Directed Completion Date: 08/14/2023

Implemented () - 10/17/2023)

124 - Notice to Fire Department

14. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Directed () - 08/03/2023)

The administrator is preparing the letter to mail, and it will be completed by August 11, 2023

(Directed)

- Education will be provided to the Administrator and other staff as deemed necessary by 8/14/2023 on the requirements of regulation 2600.124 including when the notification should be updated and sent to the local fire department; documentation will be kept.
- The local fire department will be notified of the home's address, capacity of the home, description of the general layout of the home as well as a general description of the mobility needs of the residents served by 8/11/2023 by the Administrator or designee. Documentation will be kept by the home.

Directed Completion Date: 08/14/2023

Implemented () - 10/17/2023)

227d - Support Plan Medical/Dental

15. Requirements

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

Per documentation and staff interviews, Resident #1 has engaged in various incidents involving verbal and physical aggression towards others. The assessment and support plan for Resident #1, dated [REDACTED]/2023, does not reflect the resident's behavioral need or plan to meet the service need.

Plan of Correction**Directed ([REDACTED] - 08/03/2023)**

The Assistant Director of Wellness and Resident Care Coordinator for memory care will complete a chart audit and review the support plan for each resident. The Assistant Director of Wellness and Resident Care Coordinator for memory care will be doing monthly chart audits to ensure proper documentation has been added on each resident if there has been changes to behaviors or status. The audit will start August 31, 2023.

(Directed)

- *Resident #1 will be reassessed and support plan will be updated by the Administrator or designee by 8/14/2023.*

Directed Completion Date: 08/31/2023**Implemented ([REDACTED] - 10/17/2023)**

254a - Records Discharge/Active

16. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 7/18/2023, at approximately 10:20 AM, a black binder labeled "bhall RASP" was observed in an unlocked and unattended linen closet by resident room #103. The binder contained RASP's for both active and discharged residents.

On 7/18/2023 at approximately 10:40 AM, a binder labeled "LCPCA 24-hour Communication Book" was unlocked and unattended in the Secure Dementia Care Unite (SDCU) on top of the kitchen microwave. This binder contained resident information including residents' first and last names, special diets, ADL needs, incontinence and behavioral concerns.

Plan of Correction**Directed ([REDACTED] - 08/03/2023)**

The black binder labeled "bhall RASP" was removed on July 18, 2023. The copied RASP's were shredded. The "LCPCA 24-hour Communication Book" was removed and placed inside of a locked office on July 18, 2023. The office is available to floor staff.

(Directed)

- *Education will be provided to all staff of the home by the Administrator or designee by 8/14/23 regarding the requirement for records of active and discharged residents to be maintained in a confidential manner.*
- *Beginning on 8/14/2023, the Administrator or designee will complete weekly walkthroughs of the building*

254a - Records Discharge/Active (continued)

to ensure resident records are kept confidential.

Directed Completion Date: 08/02/2023

Not Implemented [REDACTED] - 10/17/2023)

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

Facility Information

Name: *AUTUMN HOUSE OF YORK* License #: *33822* License Expiration:
Address: *914 West Market Street, York, PA 17401*
County: *YORK* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *914 W. Market Street Operating Company, LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/27/2000* Issued By: *Department of Labor and Industry*
Type: *Other* Date: *09/20/2000* Issued By: *City of York*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *138* Waking Staff: *104*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident, Interim* Exit Conference Date: *09/12/2023*

Inspection Dates and Department Representative

09/12/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *105*

Secured Dementia Care Unit

In Home: *Yes* Area: *Laurel Court* Capacity: *20* Residents Served: *18*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *105*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *33* Have Physical Disability: *2*

Inspections / Reviews

09/12/2023 - Partial

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

09/21/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/10/2023*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/28/2023*

09/25/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/10/2023*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/13/2023*

10/17/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/10/2023*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

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] 2023, Resident #1 had a fall resulting in an injury to [redacted] head and face. Resident had a hospital visit due to fall. This incident was not reported to the Department until 9/8/2023.

On [redacted] /2023, Resident #2 fell and was admitted to the hospital. Resident #2 returned from the home on [redacted] /2023. Hospital discharge paperwork indicated the resident had closed fractures of the ribs. This incident was not reported to the Department until 7/28/2023.

Plan of Correction

Accept [redacted] - 09/25/2023)

The administrator will be conducting an all-staff in-service meeting on October 4, 2023, for proper reporting. The administrator will be reviewing Appendix B: Requirements and Best Practices for Reportable Incidents from the RCG. The administrator will be providing handouts with the information from Appendix B. All resident and incident concerns will be discussed at the morning stand up meetings starting September 25, 2023. The Business Office Manager will review census every morning at stand up. The on-call person and Administrator will discuss any reportable incidents that happen within the last 24 hours during the stand up meeting. The Business Office Manager will add 24-hour reportable incidents that are discussed during stand up to our stand-up minutes. The on-call person and/or administrator will complete and review all reportable incidents and ensure they are completed within the 24-hour requirement. The administrator will be having the home's quality management meeting on September 26, 2023, with all department heads. All incidents will be reviewed during the meeting and any possible preventions. All documentation will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 09/26/2023

Not Implemented [redacted] - 10/17/2023)

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] /2023 at approximately [redacted] PM, Resident #3 allegedly touched another resident in a sexual manner causing the alleged victim to feel uncomfortable. On [redacted] /2023 at approximately [redacted] PM, Resident #3 knocked another resident over in [redacted] chair onto the floor. On [redacted] /2023 at approximately [redacted] PM, Resident #3 grabbed a resident's wrist and refused to let go. Once separated, Resident #3 approached another resident and grabbed [redacted] by the neck. On [redacted] /2023 at approximately [redacted] PM, Resident #3 pushed another resident to the ground, causing a skin tear on the victim's left arm.

On [redacted] /2023, Resident #4 was taken to the hospital and diagnosed with Acetaminophen poisoning. The home

42b - Abuse (continued)

completed an inspection of the resident room and found various medications. Per the home's incident investigation documentation, Resident #4 does not self-administer medications and the resident's medications are to be locked in the medication cart. On [REDACTED]/2023, Resident #4 returned to the hospital and was admitted to the ICU due to an overdose of Aspirin. Following the hospital admission, the home completed a thorough search of the resident room and observed multiple bottles of over the counter medications.

Plan of Correction**Directed ([REDACTED] - 09/25/2023)**

An in-service has been scheduled with [REDACTED] Hospice on October 18, 2023, with the Registered Nurse to review positive interventions and redirection.

An in-service training has been scheduled with [REDACTED], Ombudsman on October 5, 2023, to review Resident Rights. Protective Services will also be providing training on Abuse, Neglect, Dignity and Respect on October 5, 2023. Education to be provided regarding over-the-counter medication at the next resident council meeting on October 11, 2023.

A room audit will be conducted by the Resident Care Coordinator- Personal Care and/or the Administrator looking for over-the-counter medications. The room audits will take place monthly starting October 2, 2023.

(Directed)

- Resident #3 was placed 30-minute checks which started on September 12, 2023. Resident moved from the home on [REDACTED], 2023.
- Resident #4 was placed on 30-minute checks started on September 12, 2023. Resident moved from the home on [REDACTED] 2023
- An in-service training has been scheduled with [REDACTED] Ombudsman on October 5, 2023, to review Resident Rights. Protective Services will also be providing training on Abuse, Neglect, Dignity and Respect on October 5, 2023. An in-service has been scheduled with [REDACTED] Hospice on October 18, 2023, with the Registered Nurse to review positive interventions and redirection. Documentation of the syllabus and staff sign in sheets will be kept by the home

Directed Completion Date: 10/18/2023**Not Implemented ([REDACTED] - 10/17/2023)****42s - Privacy****3. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video monitoring and recording of the interior and exterior entrances. However, residents are not informed upon admission that this area is subject to video recording.

Plan of Correction**Directed ([REDACTED] - 09/25/2023)**

The administrator implemented the letter for the admission packets to be updated on September 13, 2023. The Admission Director updated the admission packet on September 13, 2023. The Admission Director will be

42s - Privacy (continued)

responsible for reviewing and completing the information with new admissions starting September 13, 2023. The home will be keeping copies of the signed form and letters that will be mailed by September 25, 2023, in the resident's file. Assistant Director of Wellness, Resident Care Coordinator- Personal Care and Resident Care Coordinator- Memory Care will review and ensure the forms have been included in the charts at the time of admission.

(Directed)

Administrator will be sending a letter to all residents currently residing in the home and families regarding the use of recording devices in our home. It will be mailed with invoices by September 25, 2023.

Directed Completion Date: 09/25/2023

Not Implemented [REDACTED] 10/17/2023)

81b - Resident Personal Equipment**4. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 9/12/2023 at approximately 10:20 AM, resident room #2113 was observed to have an enabler attached to the resident's bed. The gap between the mattress and the lowest point of the enabler measured 4 1/4 inches creating a potential entrapment hazard.

On 9/12/2023, resident room #1119 was observed to have an uncovered enabler device with an opening measuring 5 inches high by 10 inches wide creating a potential entrapment hazard.

On 9/12/2023 at approximately 11:03 AM, resident room #0311 was observed to have an uncovered enabler device with an opening measuring 10 inches high by 14 1/2 inches wide creating a potential entrapment hazard. Additionally, the device was not secured to the bed creating a potential fall risk.

Plan of Correction

Directed [REDACTED] - 09/25/2023)

[REDACTED] will be providing education to the residents on September 26, 2023, on the requirements of the enablers.

On September 20, 2023, the Administrator reviewed the RCG requirements. Administrator provided education on the requirements to all staff. The administrator also provided education on the importance of ensuring the enablers are secured and covered for our residents.

A CMT meeting is scheduled for September 28, 2023, to review expectations of the enablers and the new daily area check sheets to ensure enablers are covered and secured at each shift. Enabler daily checks will start September 29, 2023, by CMT's per shift.

Enabler expectations will be reviewed at the next quality management meeting to discuss concerns and if residents continue to refuse to cover the enabler. The next quality management meeting is scheduled for September 26, 2023. Monthly audits will be completed by the lead CMT and Maintenance Director starting October 2, 2023. Also, a building wide audit will be completed to check all remaining rooms for any equipment starting October 2, 2023 by the lead CMT and Maintenance Director. The administrator will keep all documentation of the audits and trainings.

81b - Resident Personal Equipment (continued)*(Directed)*

- All enabler bars were covered and secured on September 13, 2023 by our Maintenance Director and Administrator
- Documentation of training content and attendance as well as completed audits will be kept by the home.

Directed Completion Date: 10/02/2023**Not Implemented** () - 10/17/2023)**82a - Poisonous Materials****5. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 9/12/2023 at approximately 10:16 AM, a clear spray bottle containing an unidentified blue liquid was observed in the linen closet in the 2000 "A" Hall. Staff Member A was unable to identify what was in the spray bottle and a manufacturer's label was not present.

Plan of Correction**Directed** () - 09/25/2023)

The housekeeping director created a new audit sheet that will be used for daily checks. The administrator provided training on proper labeling and storage at the all staff meeting on September 20, 2023. The housekeeping director and administrator will be having a housekeeping training on proper labeling and storage. Educational training will provide the housekeeping department with a better understanding of the requirements. The meeting will be on October 9, 2023. The housekeepers on each floor will be conducting daily checks starting October 10, 2023. The housekeeping director will be responsible for keeping, maintaining all audits and assisting the housekeeping department with the audits starting October 10, 2023. The housekeeping supervisor will report any issues or concerns to the administrator daily.

(Directed)

Bottled was removed from the 2000 linen closet by the Maintenance Director on September 12, 2023.

Directed Completion Date: 10/10/2023**Not Implemented** () - 10/17/2023)**103e - Left Overs****6. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 9/12/2023 at approximately 10:00 AM, there were unlabeled, undated items in the 2nd floor 2000 "A" Hall refrigerator including: a plastic storage container of peaches, a plastic storage container of fish, a plastic grocery bag containing lettuce, and a plastic grocery bag of partially eaten green grapes.

On 9/12/2023 at approximately 10:33 AM, a disposable plastic Dunkin cup containing mocha was observed in the 3rd floor 3000 "A" hall refrigerator. The item was unlabeled and undated.

103e - Left Overs (continued)

Plan of Correction**Directed** [REDACTED] - 09/25/2023)

Education will be provided to the residents at the next resident council meeting which is scheduled for October 11, 2023.

The housekeeping director created a new audit sheet that will be used for daily checks. The administrator provided training on proper food storage, leftovers and labeling at the all staff meeting on September 20, 2023. The housekeeping director and administrator will be having housekeeping training on proper food storage and labeling. The education will provide the housekeeping department with a better understanding of the requirements. The meeting will be on October 9, 2023. The housekeepers on each floor will be conducting daily checks starting October 10, 2023. The housekeeping director will be responsible for keeping and maintaining all audits and assisting the housekeeping department with the audits starting October 10, 2023. The housekeeping supervisor will report any issues or concerns to the administrator daily.

(Directed)

- Unlabeled items were removed by Housekeeper director on September 12, 2023.

Directed Completion Date: 10/11/2023

Not Implemented [REDACTED] - 10/17/2023)

103i - Outdated Food

7. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/12/2023 at approximately 10:00 AM, the 2nd floor 2000 "A" hall refrigerator contained a plastic grocery bag with green grapes that were turning brown as well as a 15 ounce container of Amish Style Potato Salad with a "use by" date of 7/25/2023.

Plan of Correction**Directed** [REDACTED] - 09/25/2023)

Education will be provided to the residents at the next resident council meeting which is scheduled for October 11, 2023.

The housekeeping director created a new audit sheet that will be used for daily checks. The administrator provided training on proper food storage, leftovers and labeling at the all staff meeting on September 20, 2023. The housekeeping director and administrator will be having housekeeping training on proper food storage and labeling. This education will provide the housekeeping department with a better understanding of the requirements. The meeting will be on October 9, 2023. The housekeepers on each floor will be conducting daily checks starting October 10, 2023. The housekeeping director will be responsible for keeping and maintaining all audits and assisting the housekeeping department with the audits starting October 10, 2023. The housekeeping supervisor will report any issues or concerns to the administrator daily.

(Directed)

103i - Outdated Food (continued)

- Unlabeled items were removed by Housekeeper director on September 12, 2023.

Directed Completion Date: 10/10/2023

Not Implemented (█ - 10/17/2023)

227d - Support Plan Medical/Dental**8. Requirements**

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

On █/2023 and █/2023, Resident #4 overdosed on over the counter medications which the resident was storing in the resident's room and self-administering. Per staff member interviews on 9/12/2023 and the home's incident investigation documentation, Resident #4 is not assessed to self-administer medications. Per the resident's RASP dated 2/21/2023, Resident #4 is capable to self-administer with assistance in remembering schedule and offering medications at prescribed times.

Plan of Correction

Directed (█ - 09/25/2023)

On September 27, 2023 Assistant Director of Wellness, Resident Care and Resident Care Coordinator- Memory Care will conduct an initial chart audit on all residents. Assistant Director of Wellness and Resident Care Coordinator- Memory Care will add an addendum form during the chart audit to any current RASP to note changes. The addendum will be added to RASP going forward after the initial audit on September 27, 2023 on any changes to residents RASP. Assistant director of wellness and resident care coordinator- memory care will continue with monthly chart audits to ensure all RASP's are updated. Monthly chart audits will start on October 17, 2023.

(Directed)

- Resident #4 is no longer with the home. Resident moved out █ 2023.
- Monthly chart audits will begin October 2023 by the Assistant Director of Wellness and Resident Care Coordinator.
- Education will be provided to the residents regarding OTC medications at the next resident council meeting on October 11, 2023. Education regarding OTC medications was provided to all staff on September 20, 2023, at the all-staff meeting. Re-education will be provided to the CMT's regarding OTC medications, what to look for and the proper storage. Documentation of the trainings will be kept by the Administrator.

Directed Completion Date: 10/11/2023

Implemented (█ - 10/17/2023)

254a - Records Discharge/Active**9. Requirements**

2600.

254a - Records Discharge/Active (continued)

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 9/12/2023 at approximately 10:36 AM, a white binder labeled "3000/300 PCA Book" was observed in an unlocked, unattended cabinet in the 3rd floor 3000 hall. The binder contained resident information including first and last names, mobility needs, as well as incontinence and diabetic statuses for both active and discharged residents.

Plan of Correction

Accept [redacted] - 09/25/2023)

The binder was removed on September 12, 2023, by the administrator.

The PCA sheets were relocated to the b-hall locked closet by Assistant Director of Wellness and Resident Care Coordinator- Personal Care on September 12, 2023.

A CMT meeting is scheduled for September 28, 2023, to review expectations and the new daily floor check sheets to ensure no resident information is out in public areas and kept locked in the appropriate locations. The daily floor checks will start September 29, 2023, by CMT's per shift.

Assistant Director of Wellness and/or Administrator will begin monthly checks on October 1, 2023, and collect daily area check sheets.

Human Resources Director will be providing education on HIPPA during the all-staff in-service meeting on October 4, 2023.

Licensee's Proposed Overall Completion Date: 10/04/2023

Not Implemented [redacted] - 10/17/2023)