

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

August 17, 2023

[REDACTED], 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 07/25/2023 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] **Email:** [REDACTED]

Legal Entity

Name: HAVEN AT SPRINGWOOD OPCO LLC
Address: [REDACTED]

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:** 114 **Waking Staff:** 86

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:** 0
Reason: Complaint, Monitoring **Exit Conference Date:** 07/25/2023

Inspection Dates and Department Representative

07/25/2023 - 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:** SDU **Capacity:** 13 **Residents Served:** 9

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 90
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 24 **Have Physical Disability:** 3

Inspections / Reviews

07/25/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/06/2023

08/10/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/15/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 08/15/2023

Inspections / Reviews *(continued)*

08/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident’s room for self-administration. Medications stored in the resident’s room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 4 self-administers medications and stores medications in his/her room. On [redacted] there were several unlocked and unattended medications, including 2 large white pills, 1 brownish capsule, and 1 small orange pill, [redacted] CVS Health Ear Drops [redacted] in resident 4's bedroom.

Plan of Correction

Accept [redacted] - 08/10/2023)

Immediately, the medications were secured by the health & wellness nurse. On 7.26.23, the nurse inspected to ensure security and storage of all self-administering residents' medications. On 8.1.23, a letter was written by the administrator and addressed to the families of the residents with self-administration of medication detailing the regulatory requirements. See attached letter. In addition, self-administering residents are required to sign an acknowledgement form, created by the Administrator, regarding the security and storage of medication. As of current date, all self-administering residents have signed this form. On a monthly basis, the Nurse will inspect that the regulatory requirements are met.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ([redacted] - 08/17/2023)

185a - Implement Storage Procedures

2. 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 7/25/23, several discrepancies were observed between Residents' 1, 2, and 3 glucometers and electronic medication administration record (eMAR) to include the following:

Resident 1's blood sugar reading on [redacted] was listed as [redacted] in resident's glucometer but was recorded in eMAR as [redacted].

Resident 2's recorded eMAR blood sugar readings of [redacted] on [redacted] were not found in resident's glucometer.

Resident 3's recorded blood sugar readings of [redacted] were not found in resident's glucometer.

Plan of Correction

Accept [redacted] - 08/10/2023)

Immediately, an insulin and diabetes training will be scheduled by the Administrator to provide re-education to medication technicians. In addition, an audit of all glucometers will be conducted by the health and wellness

185a Implement Storage Procedures (continued)

department. On a weekly basis, an audit will be conducted by the health and wellness department to inspect an discrepancies between the resident glucometers and MAR entries. The audit will log MAR and glucometer activity for the month. See attached audit logs from 8/1 8/6/23.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ([redacted] - 08/17/2023)

190b - Insulin Injections

3. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On [redacted] at [redacted], staff person A, who has not successfully completed a department approved diabetes patient education program with in the last 12 months, performed blood glucose testing to residents 1, 2 and 5.

Plan of Correction

Accept [redacted] - 08/10/2023)

Immediately, staff person A has been removed from all blood glucose testing tasks by the Administrator. Staff person A will not be permitted to perform blood glucose testing or administration of insulin until the department approved diabetes education program is successfully completed. Immediately, a department approved diabetes education class will be scheduled by the Administrator. The class is scheduled for and completed as of 8.9.23. See attached sign in sheet and certifications produced.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ([redacted] - 08/17/2023)