

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

July 26, 2023

[REDACTED], CEO  
2830 CAROL RD OPCO LLC  
2830 CAROL ROAD  
YORK, PA, 17402

RE: AMOROSO WELLNESS AT YORK  
2830 CAROL ROAD  
YORK, PA, 17402  
LICENSE/COC#: 33779

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/21/2023, 06/22/2023 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: AMOROSO WELLNESS AT YORK

License #: 33779

License Expiration: 06/03/2024

Address: 2830 CAROL ROAD, YORK, PA 17402

County: YORK

Region: CENTRAL

## Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Legal Entity

Name: 2830 CAROL RD OPCO LLC

Address: 2830 CAROL ROAD, YORK, PA, 17402

Phone: [REDACTED]

Email: [REDACTED]

## Certificate(s) of Occupancy

Type: 1 1

Date: 02/07/2022

Issued By: Springettsbury Township

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 129

Waking Staff: 97

## Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 06/22/2023

## Inspection Dates and Department Representative

06/21/2023 On Site [REDACTED]

06/22/2023 On Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 125

Residents Served: 89

## Secured Dementia Care Unit

In Home: Yes

Area: Aria

Capacity: 20

Residents Served: 18

## Hospice

Current Residents: 5

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 89

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 40

Have Physical Disability: 0

## Inspections / Reviews

## 06/21/2023 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/07/2023

## 07/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/17/2023

Inspections / Reviews *(continued)*

07/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/20/2023

07/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/22/23 at approximately 3:30 PM, there was a soiled disposable undergarment observed on the floor in the Resident 1's bathroom.

Plan of Correction

Accept ( [redacted] ) - 07/13/2023)

Executive Director disposed of soiled undergarment on 6/22/23. Resident #1 at times takes herself to the bathroom. Staff: RAs, CNAs, and Med Tech, checked resident #1's room every shift; staff checks increased to every two hours on 6/28/23 (please see Task List Report, attached). Staff checks are to be completed by RAs, CNAs, Med Tech who are assigned to room 223. Room checks and toileting for residents are documented electronically using Point of Care (please see Task List Report, attached). Beginning 7/14/23, Director of Wellness or Designee, will complete room inspection report (attached). Director of Wellness will check to ensure that Point of Care documentation is completed from previous day and that room 223 does not have soiled depends on floor, room is clean and tidy, and trash is empty daily x 2 weeks then monthly times two months. Director of Wellness will return sheet to Executive Director daily for review until inspection audit is complete.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented ( [redacted] ) - 07/24/2023)

85d - Trash Receptacles

2. Requirements

2600.  
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 6/21/23 at 10:30am there was a full, uncovered, unattended trash can in the kitchen.

Plan of Correction

Directed ( [redacted] ) - 07/13/2023)

Executive Director located trashcan lid on 6/21/23 and placed on trashcan. On 6/28/23, maintenance assistant purchased a new trashcan with lid that can't be removed to ensure that trashcan is kept covered. Cooks will ensure that trashcan lids are on at all times and document on checklists (attached). Checklist will be reviewed by Dietary Director or designee daily. Dietary Director or designee will audit the kitchen to ensure trashcan lids are on, daily times two weeks then monthly times two months. All dietary staff will be in-serviced on keeping trashcan lids on by 7/14/23 (cooks and servers).

Directed Plan:

- Executive Director located trashcan lid on 6/21/23 and placed on trashcan.
- On 6/28/23, maintenance assistant purchased a new trashcan with lid that can't be removed to ensure that trashcan is kept covered.
- Starting 6/28/23, cooks will ensure that trashcan lids are on at all times and document on checklists. Checklist will be reviewed by Dietary Director or designee daily.
- Starting 7/14/23, Dietary Director or designee will audit the kitchen to ensure trashcan lids are on, daily times two weeks then monthly times two months.
- The administrator will ensure all dietary staff will be in-serviced on keeping trashcan lids on by 7/14/23,

85d - Trash Receptacles (continued)

Directed Completion Date: 07/14/2023

Implemented (NN - 07/24/2023)

185a Implement Storage Procedures

3. 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

The Medication Administration Record (MAR) and Glucometer were crossed referenced for Resident 2 as follows:

- On [redacted]/23 the blood sugar reading on the MAR read [redacted], the reading was not on listed on the glucometer.
- On [redacted]/23 the blood sugar reading on the MAR read [redacted], the reading was not on listed on the glucometer.

The MAR and Glucometer were crossed referenced for Resident 3 as follows:

- On [redacted] the blood sugar reading on the MAR read [redacted] the reading is not listed on the glucometer.
- On [redacted] the blood sugar reading on the MAR read [redacted] the reading is not listed on glucometer.
- On [redacted] the blood sugar reading on the MAR read [redacted] the reading is not listed on glucometer.
- On [redacted] the blood sugar reading on the glucometer read [redacted]; the blood sugar reading on the MAR read [redacted]
- On [redacted] 23 the blood sugar reading on the glucometer read [redacted] the blood sugar reading on the MAR read [redacted].
- On [redacted] 23 the blood sugar reading on the glucometer read [redacted] the reading was not listed on the MAR.
- On [redacted]/23 the blood sugar reading on the MAR read [redacted], the reading is not found listed on the glucometer.
- On [redacted]/23: the blood sugar reading on the MAR read [redacted]; the reading on the glucometer read [redacted]

Resident 3's MAR was reviewed and shows the following medication which was not found in the home:

- [redacted] swish and spit 1 teaspoonful 4 times a day as needed for stomatitis. Use: Mouth Soreness.

Plan of Correction

Accept [redacted] - 07/13/2023)

All glucometers were labeled with label maker by Director or Wellness on 6/28/23. Executive Director wrote nurse notes that MAR readings for 6/7/23, 6/6/23, 6/10/23, and 6/1/23 were incorrect for resident #3 and correct result were added to the note on 6/28/23. Director of Wellness or designee will complete weekly glucometer audits for all residents who get blood sugar checks by staff to ensure proper transcription by Friday weekly (this will be ongoing). Assistant Director of Wellness ordered Maalox Lidovisc for resident #3 on 6/28/23 and medication arrived next day (6.29.23). Assistant Director of Wellness completed medication cart audits for all the medication carts on 7/4/23, to ensure all medications were here. Assistant Director of Wellness (or designee) will continue weekly audits until all Med Techs and LPNs are trained in med cart audits to take over. ADOW or designee will monitor compliance with weekly audits for three months then monthly thereafter. Training for med cart audits is scheduled for 7/20/23 with Med Techs and LPNs.

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented ( [REDACTED] - 07/24/2023)