

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

February 13, 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 01/25/2023 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: AMOROSO WELLNESS AT YORK **License #:** 33779 **License Expiration:** 06/03/2023
Address: 2830 CAROL ROAD, YORK, PA 17402
County: YORK **Region:** CENTRAL

Administrator

Name: [REDACTED] **Phone:** 717-755-7600 X 202 **Email:** operry@amoroso.care

Legal Entity

Name: 2830 CAROL RD OPCO LLC
Address: 2830 CAROL ROAD, YORK, PA, 17402
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 110 **Waking Staff:** 83

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:** 0
Reason: Complaint **Exit Conference Date:** 01/25/2023

Inspection Dates and Department Representative

01/25/2023 - 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:** 20

Hospice

Current Residents: 6

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: 21 **Have Physical Disability:** 0

Inspections / Reviews

01/25/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/05/2023

02/06/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/10/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/11/2023

Inspections / Reviews *(continued)*

02/10/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/15/2023

02/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. 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 01/25/23, enabler bars that were partially covered were found on the beds of Resident 1 and 3. The openings were greater than 4 3/4 inches as required by the FDA.

Plan of Correction

Accept (█ - 02/10/2023)

Enabler bars all covered on 1/25/23 by the Director of Wellness. Ordered bed canes without any holes or hazards by the Executive Director on 2/5/23. Moving forward only bed canes to be allowed in community, no U-bars. Maintenance must screen all bed canes prior to placement.

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

Implemented (█ - 02/13/2023)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

FitRight Aloe Cleansing Cloths, with a manufacturer's label indicating, "poison control is to be called if ingested," were unlocked, unattended, and accessible to Residents 4, 5, 6 and 7. Residents in the Memory Care Unit have not been assessed as being capable of recognizing and using poisons safely.

Plan of Correction

Directed (█ - 02/10/2023)

All incontinence wipes were secured by the Memory Care Director and made inaccessible to Aria (Memory Care Unit) residents on 1/25/23. █ Hospice called by the Executive Director on 2/3/23 and notified to give nursing staff any overflow items to be stored in Medication Room or locked cabinet in resident's room. Memory Care Director or designee will round in Aria daily for two weeks and then monthly times two months and results brought to QAPI.

Directed-

Daily inspections of Aria are to begin on 02/13/23 and then monthly beginning 03/01/23.

Directed Completion Date: 02/24/2023

Implemented (GR - 02/13/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a Sanitary Conditions (continued)

Description of Violation

On 01/25/23, Rooms 107, 110, 112, 129 and 137 had a pungent urine odor in the bathrooms and staining around bases of the toilets.

The toilet in Room 125 contained stains that appeared to be dried feces.

Plan of Correction

Accept () - 02/06/2023)

On 1/25/23, Executive Director and Assistant Director of Wellness rounded in Aria at approximately 1:30 pm, no pungent urine odor was noted. 107, 110, 112, 137 caulking around toilet bases were removed and replaced, completed on 1/27/23. Maintenance Director or designee will check bathrooms weekly for 4 weeks to check for further staining on caulking at toilet bases and bring results to QAPI.

125 uses the restroom independently. Added to POC (Point of Care) for staff to check bathroom for cleanliness two times per shift.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented () /13/2023)

101o - Walls, Floors, Ceilings

4. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The carpets in Bedrooms 236 and 240, are deeply stained with food and/or liquids.

Plan of Correction

Accept () - 02/06/2023)

On 1/25/23 carpets in rooms 236 and 240 were shampooed by Maintenance Director. Second floor hallway carpet is cleaned every three weeks, rooms 236 and 240 to also be shampooed at that time. Maintenance Director or designee will check rooms 236 and 240 weekly for 4 weeks and bring results to QAPI.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented () - 02/13/2023)

101r - Bedroom - shades/drapes/window covering

5. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in Bedroom 107 has broken blinds.

The window in Bedroom 123 does not have any blinds or shades.

Plan of Correction

Accept () - 02/10/2023)

Resident in room 123 tore blinds down replaced on 1/25/23 by the Maintenance Director. Replaced blinds in room 107 on 1/25/23 by the Maintenance Director. In service for all staff by 2/5/23 to report broken items promptly, completed by the Executive Director. Housekeeping staff to check blinds on deep cleaning days every other week. All staff to report broken items in TELS for maintenance to repair/replace as needed. Memory Care Director or

101r Bedroom shades/drapes/window covering (continued)

designee will inspect rooms in Aria to ensure blinds are in place and in good repair daily for two weeks, monthly times two months and bring results to QAPI.

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

Implemented () - 02/13/2023)

141a 1-10 Medical Evaluation Information**6. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation form (DME) for Resident 3, dated (), does not include date of evaluation, date form completed, blood pressure, height, weight, pulse rate and sections 8 10, which includes body positioning/movement, health status, cognitive functioning and a mobility needs assessment.

The Documentation of Medical Evaluation form (DME) for Resident 5, dated (), does not include the name of the medical professional and the date the form was signed.

Plan of Correction

Directed () - 02/10/2023)

Audit of DMEs to be completed by Executive Director and Director of Wellness for all residents by 2/4/23. In service provided to Director of Wellness and Assistant Director of Wellness on 2/3/23 to ensure DMEs are completed correctly and completely. Inservice was conducted by the Executive Director. Provider completed a new DME for resident #3 and provider added date to DME for resident #5.

Directed

Moving forward, quarterly auditing of resident records to ensure compliance beginning 04/01/23.

Directed Completion Date: 02/08/2023

Implemented () - 02/13/2023)

141b1 - Annual Medical Evaluation**7. Requirements**

141b1 - Annual Medical Evaluation (continued)

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Resident 2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accepted [REDACTED] - 02/06/2023)

New Director of Wellness completed an audit of DMEs in [REDACTED] and reached out to providers for completion as needed. A "tickler" for due dates will be completed by 2/4/23. Director of Wellness or designee will complete DMEs within required time frames and Executive Director or designee will double check the last week of the month to ensure completion results to be brought to QAPI meetings.

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented [REDACTED] - 02/13/2023)

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

Enabler bars were observed in the bedrooms of Residents 1 and 3. However, the current assessment/support plans for Resident 1, dated [REDACTED], and Resident 3, dated [REDACTED], do not indicate the need for these devices or plans to protect these residents from potential hazards of use.

Plan of Correction

Directed [REDACTED] - 02/10/2023)

Enabler bars for bed mobility are currently part of the resident's physician orders. Added to RASPs on 2/1/23 by Executive Director. Director of Wellness will maintain a list of residents who have bed canes and Executive Director will review list monthly to ensure that bed canes are on the resident's RASP.

Directed- monthly bed cane auditing will begin on 03/01/23.

Directed Completion Date: 02/08/2023

Implemented [REDACTED] - 02/13/2023)

227g Support Plan Signatures**9. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

A support plan was developed for Resident 4 on [REDACTED] however, the assessor did not sign the support plan.

Plan of Correction**Accept** [REDACTED] - 02/06/2023)

RASP for resident #4 completed on [REDACTED] RASP audits to be completed by [REDACTED]. With RASPs moving forward, two staff persons must review and sign to ensure completion and signatures are in required places. Executive Director or designee to review all RASPs completed during the month during the last week of month, results to be brought to QAPI meetings.

Licensee's Proposed Overall Completion Date: 02/03/2023**Implemented** [REDACTED] - 02/13/2023)