

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

February 2, 2024

[REDACTED]
2830 CAROL RD OPCO LLC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/11/2023 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 02/07/2022 Issued By: Springettsbury Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 152 Waking Staff: 114

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 12/11/2023

Inspection Dates and Department Representative

12/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 Residents Served: 84

Secured Dementia Care Unit

In Home: Yes Area: Aria Capacity: 20 Residents Served: 17

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 84
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 68 Have Physical Disability: 0

Inspections / Reviews

12/11/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2023

01/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/23/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/09/2024

Inspections / Reviews *(continued)*

01/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/23/2024

02/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] Apply Thin Layer of [REDACTED] Twice Daily Until Healed. [REDACTED] (Indications for use: Wound Healing).

On [REDACTED] @ [REDACTED] Staff Member A observed the medication unattended and accessible in Resident [REDACTED] room on the resident's bedside table, they also observed resident [REDACTED] with a white paste substance on the resident's lips, teeth, tongue and fingernails. Although the resident was assessed to safely use and avoid poisonous materials at the time of the incident, the resident's medical evaluation dated [REDACTED] and resident assessments and support plans dated [REDACTED] and [REDACTED] states the resident cannot self-administer medications.

Plan of Correction

Directed [REDACTED] 01/12/2024)

After incident resident was reassessed due to rapid decline on [REDACTED] by the DOW and the PCP. All ingestibles were removed and secured away from resident on [REDACTED] by the DOW. Staff training regarding securing ingestibles is to be completed by the DOW by [REDACTED] with all LPNs and Med Techs. All resident rooms are audited on a monthly basis by the ED or designee to ensure that residents who are not able to self-administer do not have access to medications in their room. January's room audits to be completed by [REDACTED].

Proposed Overall Completion Date: 01/12/2024

Directed Plan

- On [REDACTED], the DOW and PCP reassessed the resident due to a rapid decline.
- On [REDACTED], all medications were removed from the resident [REDACTED] room and secured by the DOW.
- On [REDACTED], the DOW conducted training on securing medications with the LPNs and Med Techs.
- On [REDACTED] the executive director developed a room audit checklist to document monthly audits.
- Beginning [REDACTED], the Executive Director or Designee will audit all Residents Rooms monthly.
- The executive director will ensure trainings, audit checklists and other related documentation is kept in the home.

Directed Completion Date: 01/12/2024

Implemented [REDACTED] - 01/25/2024)

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 [REDACTED] at approximately [REDACTED] [REDACTED] was delivered to the home, accepted, and signed for by

185a - Implement Storage Procedures (continued)

Staff Member B for Resident [REDACTED]. On [REDACTED] at approximately [REDACTED] Staff Member C observed the [REDACTED] Record Sheet dated [REDACTED] on top of the Medication Cart but was unable to locate the [REDACTED] medication in the home. Staff Members D and E stated the controlled substance medications were not counted at the end of the [REDACTED] to [REDACTED] shift on [REDACTED]; therefore the home's policy stating "Nursing Staff must count controlled medications at the end of each shift" was not followed by Staff Members D and E at the end of the shift on [REDACTED].

Plan of Correction**Directed [REDACTED] 01/12/2024)**

Med Tech/LPN are all aware that narcotics need to be counted between shifts. DOW and ADOW are auditing to ensure that counts are being completed daily Monday through Friday. A mentor program was established to ensure that Med Techs/LPNs are trained properly when new to the position. This Mentor program was established 12/26/23. The Mentor program ensures that all LPNs/Med Techs are taught to count narcotics when coming on and leaving their shifts. DOW and/or ADOW will complete daily audits to ensure that LPN/Med Techs are counting between shifts and signing [REDACTED] count sheets and documenting this by completing the checklist attached daily x one month then monthly for three months, then periodically times one year starting 1/8/24. All narcotics that are delivered, are delivered by the pharmacy and counted with the delivery driver. Starting 12/8/23, Brockie Pharmacy was told to deliver [REDACTED] count sheets with any controlled substances that needs to be counted, this was not done previously (see email attached).

Proposed Overall Completion Date: 01/08/2024

Directed Plan

- On [REDACTED] the administrator conducted an internal investigation at the home to determine the whereabouts of the controlled substance tramadol medication.
- On [REDACTED], the executive director reordered the medication.
- On or about [REDACTED], Med Techs and LPNs were made aware controlled substance medications are required to be counted at the beginning and the end of each shift.
- Beginning [REDACTED], the DOW and ADOW will audit controlled substance medications to ensure the beginning and the end of shift counts are being completed daily.
- On [REDACTED], a mentor program was established to ensure newly hired Med Techs and LPNs are trained properly. The Mentor program also ensures all Med Techs and LPNs are taught to count controlled substance medications when starting shifts and at the end of shifts. The executive director will ensure Med Techs and LPNs staff receive training on counting and securing controlled substance medications by [REDACTED].
- Beginning [REDACTED] the DOW and/or ADOW will complete daily audits to ensure that Med Techs and LPNs are counting controlled substance medications at the beginning and end of each shift, signing narcotic count sheets, and documenting the information by completing a checklist daily for one month, monthly for three months, then periodically as needed.
- Starting [REDACTED], Brockie Pharmacy was told to deliver narcotic count sheets with any controlled substance medications which requires counting. All controlled substance medications delivered by the pharmacy, are counted by a staff member and the delivery driver.
- The executive director will ensure completed audits, training and other related documentation is kept at the home.

Directed Completion Date: 01/08/2024

185a - Implement Storage Procedures (*continued*)

Implemented [REDACTED] - 02/02/2024)