

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

January 12, 2024

[REDACTED]  
HAVEN AT SPRINGWOOD OPCO LLC  
[REDACTED]

RE: SEATON SPRINGWOOD  
2321 FREEDOM WAY  
YORK, PA, 17402  
LICENSE/COC#: 33503

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/01/2023, 11/03/2023 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: Tamara Martin Phone: 7177419919 Email: tmartin@seatonspringwood.com

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 01/20/2004 Issued By: Department of Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 112 Waking Staff: 84

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 11/01/2023

**Inspection Dates and Department Representative**

11/01/2023 - On-Site: [REDACTED]  
 11/03/2023 - Off-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: Secured Unit Capacity: 13 Residents Served: 11  
 Hospice  
 Current Residents: [REDACTED]  
 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: [REDACTED]  
 Have Mobility Need: 22 Have Physical Disability: [REDACTED]

**Inspections / Reviews**

11/01/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/24/2023

Inspections / Reviews (*continued*)

## 11/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/01/2023

## 12/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/09/2024

## 01/12/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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], Resident [REDACTED] fell at the home and fractured [REDACTED] left clavicle. As of [REDACTED] the home did not report this incident to the Department.

Repeated Violation - 6/6/2023, et al, 5/9/2023, et al

Plan of Correction

Directed [REDACTED] - 12/07/2023)

Members of health and wellness leadership were provided with focused retraining on incident reporting guidelines on [REDACTED] conducted by the administrator. Quarterly re-training and review to be conducted by the administrator on an ongoing basis. Additional resources provided to all health and wellness staff with a reference document for incident reporting situations. Review of guidelines and reference document to be completed at the next staff meeting anticipated for [REDACTED] by health & wellness leadership. All incidents from prior 24 hours will be reviewed during stand up meeting. Confirmation of state reportable completion and delivery will be verified by the LPN. This process will be implemented and effective immediately.

Proposed Overall Completion Date: 12/31/2023

(Directed)

Starting [REDACTED], incidents will be reviewed daily during stand up meetings. The LPN will ensure all incidents discussed during the stand up meeting has been reported to the Department within 24 hours of the incident's occurrence. Documentation of incidents discussed and confirmation of a completed Reportable will be kept by the home. Review of guidelines and reference document to be completed at the next staff meeting no later than [REDACTED] by the health and wellness leadership.

Directed Completion Date: 12/31/2023

Implemented [REDACTED] - 01/12/2024)

186a - Authorized Prescriber

2. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

Prior to Resident [REDACTED]'s admission to the home, the resident's medication list as of [REDACTED] included [REDACTED] -take [REDACTED] by mouth daily. Resident [REDACTED] was admitted to the home on [REDACTED] and the [REDACTED] administration time was changed to an as needed; this order was not obtained by an authorized prescriber.

Plan of Correction

Directed [REDACTED] - 12/07/2023)

An initial and complete audit of all medications administered, comparing them to the physician's orders will be completed by the LPN. This audit will be completed by [REDACTED] Additionally, all medication technicians and other

186a - Authorized Prescriber (continued)

medication administration certified team members will receive training on how to handle medication changes and physician order requirements. Training will be scheduled for the week of [REDACTED] and will be facilitated by the LPN. On a daily and ongoing basis, a health & wellness leadership member will conduct an audit of medication administration variances (hold, omissions, missed signatures, etc) by reviewing a variance report generated by the electronic Medication Administration Record. Health and wellness leadership will be required to complete sign off affirming that variances were reviewed, addressed, and, if needed, reported the physician and/or DHS by [REDACTED]. Effective immediately, a health & wellness leader or lead med tech will be responsible for completing a weekly audit, on an ongoing and indefinite basis, of each med cart to ensure all medications prescribed are present. Beginning [REDACTED], on a weekly basis, the nurse will audit changes to medications, new medications or discontinued medication and confirm that written prescriber orders were obtained.

Proposed Overall Completion Date: 12/31/2023

(Directed)

Beginning [REDACTED], on a weekly basis, the nurse will audit changes to medications, new medications or discontinued medication and confirm that written prescriber orders were obtained. Documentation on education and completed audits will be kept by the home.

Directed Completion Date: 12/31/2023

Implemented [REDACTED] - 01/12/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED]-take [REDACTED] tablet by mouth daily. Resident [REDACTED] did not receive this medication from [REDACTED] through [REDACTED].

Resident [REDACTED] is prescribed [REDACTED]-take [REDACTED] tablet orally at bedtime for frequency of urination, [REDACTED]-take [REDACTED] tablet orally at bedtime on Monday and Thursday for constipation, and [REDACTED]-take [REDACTED] tablet orally in the morning for supplement. However, these medications were not administered to Resident [REDACTED] on the following dates because the medications were not available in the home:

- [REDACTED]-not administered on [REDACTED] or [REDACTED].
- [REDACTED]-not administered on [REDACTED].
- [REDACTED]-not administered on [REDACTED].

Plan of Correction

Directed [REDACTED] - 12/07/2023)

On a daily and ongoing basis, a health & wellness leadership member will conduct an audit of medication administration variances (hold, omissions, missed signatures, etc) by reviewing a variance report generated by the electronic Medication Administration Record. Health and wellness leadership will be required to complete sign off affirming that variances were reviewed, addressed, and, if needed, reported the physician and/or DHS starting [REDACTED].

187d - Follow Prescriber's Orders (continued)

A training will be provided to all medication administration certified team members on the topic of medication refills, best practices, and regulatory requirements. This training will be held the week of [REDACTED] and will be facilitated by the LPN.

An initial med cart audit will be completed by the LPN for all medication storage carts in the home. The initial audit will be completed by [REDACTED].

Weekly thereafter, beginning [REDACTED], a health & wellness leader or lead med tech will be responsible for completing an audit of each med cart to ensure all medications prescribed are present.

Proposed Overall Completion Date: 12/31/2023

(Directed)

Starting [REDACTED], the health and wellness leadership team member will conduct daily audits of medication administration variances (hold, omissions, missed signatures, etc.) by reviewing a variance report generated by the electronic Medication Administration Record. Health and wellness leadership will be required to complete sign off affirming that variances were reviewed, addressed, and, if needed, reported the physician and/or DHS.

Starting [REDACTED], weekly medication cart audits will be completed by the health and wellness leader or med tech to ensure all medications are available per the physician's orders. Documentation will be kept by the home.

Directed Completion Date: 01/05/2024

Implemented [REDACTED] 01/12/2024)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED] Resident [REDACTED] experienced [REDACTED] falls from [REDACTED] through [REDACTED]. A new or updated assessment was not completed to determine if the resident had a new need or support.

Repeated Violation - 6/6/2023, et al

Plan of Correction

Directed [REDACTED] - 12/07/2023)

Health and wellness leadership with responsibility for completing initial and updating RASPs completed focused RASP specific training on [REDACTED], conducted by the administrator. Topics reviewed include regular frequency, status change requirements, instructions for RASP use, accuracy (including accuracy of mobility and assistive devices), continuity with DME, and comprehensiveness of information included.

Training will be provided to educate all team members on the topic of notification and documentation of resident changes to physical, medical, cognitive and behavioral status. This training will be conducted the week of [REDACTED] by the LPN.

225c - Additional Assessment (continued)

An initial audit of all resident RASPs to ensure they have been updated and reflective of the residents current needs will be conducted by the LPN. This audit will be completed by [REDACTED]. Quarterly thereafter, an audit of the RASPs due and accuracy of content will be conducted by the LPN.

Proposed Overall Completion Date: 01/15/2024

(Directed)

Resident [REDACTED] was discharged from the home on [REDACTED].

An initial audit of all resident RASPs to ensure they have been updated and reflective of the residents current needs will be conducted by the LPN. This audit will be completed by [REDACTED]. Quarterly thereafter, an audit of all current resident RASPs will be audited for accuracy of content will by the LPN.

Directed Completion Date: 01/05/2024

Implemented [REDACTED] - 01/12/2024)

227d - Support Plan Medical/Dental

5. 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

The assessment and support plan (RASP) for Resident [REDACTED], dated [REDACTED], indicates the resident moves from one place to another independently, uses an electric scooter, is independently mobile during evacuations, toilets and maintains personal hygiene independently. However, Resident [REDACTED] switched to a manual wheelchair while residing in the home. A preassessment completed by the home prior to admission stated Resident [REDACTED] required a standby assist for dressing and showering. The DME completed on [REDACTED] indicates Resident [REDACTED] is totally immobile and requires physical assistance to evacuate. Additionally, Resident [REDACTED] had prescription glasses, wore a wander guard and slept in a recliner; these needs and supports were not reflected in the resident's RASP.

Plan of Correction

Directed [REDACTED] 12/07/2023)

Health and wellness leadership with responsibility for completing initial and updating RASPs completed focused RASP specific training on [REDACTED], conducted by the administrator. Topics reviewed include regular frequency, status change requirements, instructions for RASP use, accuracy (including accuracy of mobility and assistive devices), continuity with DME, and comprehensiveness of information included.

Training will be provided to educate all team members on the topic of notification and documentation of resident changes to physical, medical, cognitive and behavioral status. This training will be conducted the week of [REDACTED] by the LPN.

227d - Support Plan Medical/Dental (continued)

An initial audit of all resident RASPs to ensure they have been updated and reflective of the residents current needs will be conducted by the LPN. This audit will be completed by [REDACTED]. Quarterly thereafter, an audit of the RASPs due and accuracy of content will be conducted by the LPN.

Proposed Overall Completion Date: 01/15/2024

(Directed)

Resident [REDACTED] was discharged from the home on [REDACTED].

Additional education will provided to staff who develop an initial RASP for new admissions to ensure the intake assessment information completed by the home is properly entered into the resident's initial RASP and that the information on the DME matches the information on the RASP. Education will be provided by the Administrator or designee no later than [REDACTED].

An initial audit of all resident RASPs to ensure they have been updated and reflective of the residents current needs will be conducted by the LPN. This audit will be completed by [REDACTED]. Quarterly thereafter, an audit of all current resident RASPs will be audited for accuracy of content will by the LPN.

Directed Completion Date: 01/05/2024

Implemented [REDACTED] - 01/12/2024)