

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

June 27, 2024

[REDACTED], EXECUTIVE VICE PRESIDENT
914 W MARKET STREET OPERATING COMPANY LLC
[REDACTED]

RE: AUTUMN HOUSE OF YORK
914 WEST MARKET STREET
YORK, PA, 17401
LICENSE/COC#: 33822

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/07/2024 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: AUTUMN HOUSE OF YORK **License #:** 33822 **License Expiration:** 05/21/2024
Address: 914 WEST MARKET STREET, YORK, PA 17401
County: YORK **Region:** CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: 914 W MARKET STREET OPERATING COMPANY LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 139 **Waking Staff:** 104

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Interim **Exit Conference Date:** 05/07/2024

Inspection Dates and Department Representative

05/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 132 **Residents Served:** 98

Secured Dementia Care Unit

In Home: Yes **Area:** Laurel Court **Capacity:** 20 **Residents Served:** 18

Hospice

Current Residents: 16

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 97
Diagnosed with Mental Illness: 10 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 41 **Have Physical Disability:** 1

Inspections / Reviews

05/07/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/27/2024

05/28/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/03/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/04/2024

Inspections / Reviews *(continued)*

06/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home has two designated smoking areas: one on the bench next to the ramp into the building and another in the corner of the main parking lot. On 5/7/24, there were 10 cigarette butts observed in the mulch bed outside the entrance of the home. At 1:00 PM, a staff person was standing on the sidewalk around the rear corner of the home smoking.

Plan of Correction

Accept (redacted) - 05/28/2024)

On May 8, 2024, no smoking signs were placed on the patio adjacent to the main entrance, on the side of the main entrance and on the side of the building adjacent to the driveway. All cigarette butts were collected and appropriately discarded by the Maintenance Manager on May 8, 2024.

An education will be held by the Administrator on June 19, 2024 (staff meeting) regarding regulation 144c and the correlation to the citation.

AHW staff smoking policy will be reviewed and distributed to all staff during this meeting.

A letter and resident smoking policy will be distributed to all current residents at Autumn House West detailing the smoking policy and resident expectations.

Beginning 5/28/24, the Maintenance Manager will conduct checks five times a week of the smoking area and the area adjacent to the main entrance for evidence of smoking. If there are cigarette butts on the ground they will be immediately collected and appropriately be discarded. Administrator will immediately be informed if evidence is found to address asap. This area is a staff entrance, most staff will be vigilant to inspect these areas as they pass through. These checks will be recorded on an audit document and turned into the Administrator on a weekly basis to review and sign for ongoing compliance.

Staff will also monitor residents smoking habits and re-direct residents to smoke and discard their butts in the designated smoking area only.

In the near future, AHW will be obtaining another smoking tower to place in the designated smoking area.

This will be discussed at the next QA meeting on June 12, 2024.

Proposed Overall Completion Date: 05/30/2024

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented (redacted) - 06/03/2024)

183b - Meds and Syringes Locked

2. 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

On [REDACTED], there was a small yellow tablet unlocked, unattended, and accessible on the floor outside of the 1000 hallway medication area.

Plan of Correction

Accepted [REDACTED] (05/28/2024)

On [REDACTED] the pill in question was given to the Director of Wellness by state inspector [REDACTED] at approximately [REDACTED] in the afternoon where the DOW and the RCC disposed of the pill in question.

An education was held on May 22, 2024 by DOW for all Med-Techs regarding regulation 183b explaining the correlation to the violation.

Staff will be vigilant when walking through the building to constantly survey the halls for medications or other potential harmful items.

A new audit sheet was created on May 22, 2024 to include daily area checks in and around the medication cart as well as an audit to check for loose medication after every medication pass. The med-techs will ensure all medication is locked in the med carts at all times.

This new procedure will be ongoing indefinitely.

Beginning 5/31/24, the DOW will audit the new documents as they are completed and the Administrator will also audit and sign the document to ensure ongoing compliance.

This will be discussed at the next QA meeting on June 12, 2024

Proposed Overall Completion Date: 05/22/2024

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [REDACTED] - 06/03/2024)