

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

August 8, 2024

[REDACTED], CHIEF OPERATING OFFICER  
YORK HEALTHCARE OPTIONS, LLC  
[REDACTED]  
[REDACTED]

RE: THE RESIDENCE AT FITZ FARM  
2200 SPRINGWOOD ROAD  
YORK, PA, 17403  
LICENSE/COC#: 33902

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2024 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



Inspections / Reviews *(continued)*

07/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/07/2024

08/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 16c - Written Incident Report

## 2. 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], during day shift, Staff Member A grabbed Resident #1 by the arm then hit Resident #1 on the back of the head, causing Resident #1 to say, "ouch, why did you do that?" This incident was observed by Staff Member B on [REDACTED] however, the home did not report this incident to the department until [REDACTED]

## Plan of Correction

Accept [REDACTED] 07/23/2024)

On [REDACTED], immediately after abuse was reported by a staff member to the administrator, administrator immediately removed accused staff member A from unit. Staff member A was questioned regarding the allegation. She denied it. She was advised to write a statement, and she did. She was sent home pending an investigation. Administrator questioned the staff member that reported the abuse and had her write a statement as well.

Administrator completed the following reporting on [REDACTED]:

Report (Act 13) and phone call to Area Agency on Aging completed. ( Spoke with [REDACTED] )

Resident and her family notified of incident.

State Reportable incident report completed and sent to DHS.

Internal investigation conducted.

Staff member A terminated from [REDACTED] position as a Medical Technician.

On 6/4/24, all staff educated and trained on Resident Rights, Resident Abuse, and timely reporting of any kind of abuse. They were informed that they must immediately report suspected abuse immediately to their supervisor. Clear reporting protocols that outline who the reports go to, as well as the time frame for reporting reviewed. This was completed by Administrator.

Going forward starting July 8, 2024, all wellness staff will review and be retrained on resident abuse, resident rights, and promptly reporting suspected abuse immediately. This will be implemented by the Director of Wellness and the Administrator. This will occur quarterly throughout 2024, ending 12/31/2024.

Starting July 22, 2024, all other staff will review and be retrained on resident abuse, resident rights, and promptly reporting any suspected abuse. Clear reporting protocols that outline who the reports go to, as well as the time frame for reporting reviewed. This will be implemented by the Administrator. This will occur quarterly throughout 2024, ending 12/31/2024.

For ongoing compliance, the DOW and the Administrator will review all incidents and reportables to ensure appropriate response and the appropriate agencies are notified. This will occur weekly beginning on 7/26/2024 ongoing until 12/31/2024. See attached documents

Licensee's Proposed Overall Completion Date: 12/31/2024

## 16c Written Incident Report (continued)

Implemented [REDACTED] - 08/08/2024)

## 42b Abuse

## 3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On [REDACTED], during day shift, Staff Member A grabbed Resident #1 by the arm then hit Resident #1 on the back of the head, causing Resident #1 to say, "ouch, why did you do that?"

On [REDACTED], at approximately [REDACTED], Staff Member B yelled progressively louder and berated Resident #1, saying, "Go {Resident #1}, lay down, just go, holy shit lay down, lay down and stay, I'm tired of this, you don't need to wake everyone up, you're so selfish, you're so narcissistic!"

## Plan of Correction

Accept [REDACTED] - 07/23/2024)

On [REDACTED] immediately after abuse was reported by a staff member to the administrator, administrator immediately removed accused staff member A from unit. Staff member A was questioned regarding the allegation. [REDACTED] denied it. [REDACTED] was advised to write a statement, and [REDACTED] did. [REDACTED] was sent home pending an investigation. Administrator questioned the staff member that reported the abuse and had [REDACTED] write a statement as well.

Administrator completed the following reporting on 5/27/24:

Report (Act 13) and phone call to Area Agency on Aging completed. ( Spoke with Lee Groff )

Resident and her family notified of incident.

State Reportable incident report completed and sent to DHS.

Internal investigation conducted.

Staff member A terminated from [REDACTED] position as a Medical Technician.

On 6/5/2024, immediately after abuse was reported to the Administrator from residents daughter, staff member B was called via telephone ([REDACTED] was a night shift med tech). Administrator asked staff member B to come into community to meet to go over the reported incident. Staff member B declined. Administrator informed the staff member of the incident that was reported. Staff member B was immediately terminated from her position as a med tech. Administrator then questioned the resident of the incident and she could not recall it due to her dementia. On 6/4/24, all staff educated and trained on Resident Rights, Resident Abuse, and timely reporting of any kind of abuse. They were informed that they must immediately report suspected abuse immediately to their supervisor. Clear reporting protocols that outline who the reports go to, as well as the time frame for reporting reviewed. This was completed by Administrator.

**42b Abuse (continued)**

Going forward starting July 8, 2024, all wellness staff will review and be retrained on resident abuse, resident rights, and promptly reporting suspected abuse immediately. This will be implemented by the Director of Wellness and the Administrator. This will occur quarterly throughout 2024, ending 12/31/2024.

Starting July 22, 2024, all other staff will review and be retrained on resident abuse, resident rights, and promptly reporting any suspected abuse. Clear reporting protocols that outline who the reports go to, as well as the time frame for reporting reviewed. This will be implemented by the Administrator. This will occur quarterly throughout 2024, ending 12/31/2024.

For ongoing compliance, the DOW and the Administrator will review all incidents and reportables to ensure appropriate response and the appropriate agencies are notified. This will occur weekly beginning on 7/26/2024 ongoing until 12/31/2024. See attached documents

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ( ) - 08/08/2024)

**231b - Medical Evaluation****4. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on ( ) however, the resident's medical evaluation was completed on ( )

**Plan of Correction**

Directed ( ) 07/23/2024)

On, 7/1/24, Administrator reviewed regulations from the RCG on medical evaluations for the secured dementia unit with the Director of Nursing and the Memory Care Director. Dates of paperwork emphasized specifically for the secured dementia unit. Chart audits for memory care will be conducted starting on July 31, 2024 to ensure correct documentation of medical evaluations. This will be implemented by the Administrator and conducted by both she and the Memory Care Director. For ongoing compliance, an audit sheet will be utilized for all audits. This will be ongoing throughout 12/31/2024. See attached.

Proposed Overall Completion Date: 12/31/2024

(Directed)

In addition to the above plan of correction:

- Beginning 7/31/2024, the Administrator or designee will review all new admission medical evaluations at least one day prior to the resident moving into the memory care unit to ensure a medical evaluation is documented on a form provided by the Department, within 60 days prior to admission.
- Documentation of chart audits, education and new admission reviews will be kept by the home and available for review by the Department.

231b - Medical Evaluation (*continued*)

Directed Completion Date: 07/31/2024

Implemented (█) - 08/08/2024

## 234b - Support Plan Needs Elements

## 5. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

Resident #1's physician recorded on the resident's █ cognitive prescreening that the resident exhibits anxiety, disorientation, confusion, and sadness. The support plan, dated █, for Resident #1 does not include the plan of support to provide to the resident through their periods of █.

**Plan of Correction**

Directed (█) - 07/23/2024

On, 7/1/24, Administrator reviewed regulations from the RCG on prescreens, medical evaluations, and rasp's for the secured dementia unit with the Director of Nursing and the Memory Care Director. Rasp immediately updated to include all diagnoses by Memory Care Director. (on 7/1/24). Administrator reeducated DOW and Director of Memory Care on the diagnosis's being added to the rasp and including adding support the community will provide for any assistance needed that is documented on the assessment and rasp. Chart audits will begin on July 31, 2024 to ensure correct documentation. This will be implemented by the Administrator and conducted by both █ and the Director of Memory Care. An audit sheet will be utilized for all audits. This will be ongoing throughout 12/31/24. See attached.

Proposed Overall Completion Date: 12/31/2024

- (Directed)  
In addition to the above plan of correction, monthly audits will be completed by the Administrator or designee beginning 7/31/2024 to ensure resident assessment and support plans appropriately reflect a resident's need and the plan for the home to meet each need.
- Documentation for completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 07/31/2024

Implemented (█) - 08/08/2024