

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

December 5, 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 10/08/2024, 10/09/2024 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: AMOROSO WELLNESS AT YORK License #: 33779 License Expiration: 06/03/2025
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: 148 Waking Staff: 111

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Interim Exit Conference Date: 10/09/2024

Inspection Dates and Department Representative

10/08/2024 - On-Site: [Redacted]
10/09/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 Residents Served: 102

Secured Dementia Care Unit

In Home: Yes Area: Aria Capacity: 20 Residents Served: 16

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 101
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 46 Have Physical Disability: 1

Inspections / Reviews

10/08/2024 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/03/2024

11/06/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 11/14/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/13/2024

Inspections / Reviews *(continued)*

11/14/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/14/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/25/2024

12/05/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/14/2024

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], police responded to the home because of a call that two staff were arguing. This incident was not reported to the Department.

Plan of Correction

Accept ([REDACTED] - 11/06/2024)

On 10/10/2024 a training on 16.c was completed with all Staff.

On 11/2/2024 reportable incident was submitted by Administrator.

A training on 16.c will be conducted monthly for two months starting 10/31/2024 and end on 12/31/2024

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

Implemented ([REDACTED] - 12/04/2024)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at 9:15 AM, a controlled substance binder was unlocked, unattended, and accessible on top of the medication cart near bedroom [REDACTED]. The binder contains the names of residents and medications including Resident [REDACTED] and the [REDACTED] prescribed for [REDACTED].

On [REDACTED] at 9:26 AM, a controlled substance binder was unlocked, unattended, and accessible on top of the medication cart at the second floor lounge area. The binder contains the names of residents and medications including Resident [REDACTED] and the [REDACTED] prescribed for [REDACTED].

Plan of Correction

Accept ([REDACTED] - 11/06/2024)

On 10/10/2024 a training was conducted on 17. Med-Tech's will lock the binder containing Resident information in the med cart when not in use.

An audit will continue weekly by Director of Nursing or designee for two months starting 10/31/2024 and end on 12/31/2024

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

Implemented ([REDACTED] - 12/04/2024)

17 - Record Confidentiality (continued)

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] at 7:00 PM, Residents [redacted] and [redacted] were heard yelling at one another and found on the floor by staff. Resident [redacted] had a cut on [redacted] upper left cheek and forehead and a skin tear on [redacted] right forearm. Resident [redacted] had a skin tear on [redacted] right forearm.

On [redacted] at 10:00 AM, Residents [redacted] and [redacted] were shouting at one another and grabbing each other's forearms. Resident [redacted] complained that Resident [redacted] grabbed [redacted] neck and a small scratch was noted.

Repeated Violation - 9/14/23

Plan of Correction

Accept [redacted] - 11/14/2024)

On 10/10/2024 a training on 42.b was complete with all Nursing Staff.

Resident [redacted] was moved to the memory care unit on [redacted]
Resident [redacted] was determined to be a higher level of care and discharged on [redacted]

Quarterly level of care assessments will be done on Residents indicating any status change and six-month PCP visits will occur on all Resident's in the home.

Director of Nursing or designee will monitor and report to Primary care Physician any Resident's having a change in condition immediately starting 10/10/2024.

Licensee's Proposed Overall Completion Date: 11/11/2024

Implemented [redacted] - 12/04/2024)

91 - Telephone Numbers

4. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the second floor lounge area.

Plan of Correction

Accept [redacted] - 11/06/2024)

On 10/9//2024 Telephone was tagged by Director of Maintenance with emergency telephone numbers.

91 Telephone Numbers (continued)

Audit on 91. will continue weekly for two months by Maintenance Director starting 10/31/2024 and end on 12/31/2024

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

Implemented [REDACTED] - 12/04/2024)

183b - Meds and Syringes Locked**5. 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] at 9:40 AM, there were three loose pills unlocked, unattended, and accessible on the floor underneath the medication cart outside of room [REDACTED].

On [REDACTED] at 10:37 AM, there was a tube of [REDACTED] and a tube of [REDACTED] on the bathroom vanity in Resident [REDACTED]'s room. Resident [REDACTED]'s bedroom was unlocked, unattended, and accessible and the resident is not assessed to self administer medications.

On [REDACTED] at 10:45 AM, Resident [REDACTED] had five [REDACTED], a tube of [REDACTED], and a bottle of Target Brand [REDACTED] in [REDACTED] bedroom that were unlocked and accessible on a table. Resident [REDACTED] is not assessed to self administer medications.

On [REDACTED] at 1:45 PM, there was a one ounce tube of Good Neighbor Pharmacy [REDACTED] unlocked and accessible on Resident [REDACTED] dresser. Resident [REDACTED] is not assessed to self administer medications.

Repeated Violation 12/11/23

Plan of Correction

Accept [REDACTED] - 11/14/2024)

On 10/31/2024 additional training on 183.b. was completed with Nursing Staff.

On 10/9/2024 medications were removed/secured by staff

An audit will continue weekly by Director of Nursing or designee for two months starting 10/31/2024 and end on 12/31/2024

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

Implemented [REDACTED] - 12/04/2024)

184a - Resident's Meds Labeled**6. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (continued)

Description of Violation

Resident [redacted] is prescribed Preservation [redacted] take 1 tablet by mouth 2 times daily. There are three bottles in the medication cart, two have pharmacy labels stating to take 1 tablet by mouth 2 times daily, and the other states to take 1 tablet once daily.

Resident [redacted] is prescribed [redacted], apply to buttocks every 12 hours as needed for buttocks care. The pharmacy label on the medication states to apply topically twice to open areas.

Resident [redacted] is prescribed [redacted] capsule, take 1 capsule by mouth once daily for Benign Neoplasm of prostate, The pharmacy label on the medication states, "Take one capsule by mouth at bedtime for prostate."

Plan of Correction

Accept [redacted] - 11/14/2024)

On 10/31/2024 a training on 184.a was conducted with the Nursing Staff.

On 10/9/2024 Medications were reordered with the correct labels.

Director of Nursing or designee will perform weekly audits starting on 10/31/2024 and end on 12/31/2024

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

Implemented [redacted] - 12/04/2024)

185a - Implement Storage Procedures

7. 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

Resident [redacted] is prescribed [redacted] Orally Twice Daily, Rinse Mouth After Use and Expectorate, DX SOB. This medication was not available in the home to be given.

Resident [redacted] prescribed [redacted], take 1 tablet by mouth as needed with each loose stool. This medication was not available in the home to be given.

Repeated Violation - 12/11/23, 6/21/23

Plan of Correction

Accept [redacted] 11/14/2024)

On 10/31/2024 a training on 185.a was conducted with the Nursing Staff.

Root cause- a delay in receiving medications from pharmacy. Nursing staff will reorder medications within a week of last dose and ask Supervisor for help if needed.

On 9/9/24 unavailable medications were reordered.

Director of Nursing or designee will perform weekly audits starting on 10/31/2024 and end on 12/31/2024

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

185a - Implement Storage Procedures (continued)

Implemented (█) - 12/04/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident █ is prescribed █, take 1 capsule by mouth once a week. This medication has not been given because it was not available in the home.

Plan of Correction

Accept (█) - 11/14/2024)

On 10/31/2024 a training on 187.d was conducted with the Nursing Staff.

Root cause- a delay in receiving medications from pharmacy. Nursing staff will reorder medications within a week of last dose and ask Supervisor for help if needed.

On 9/9/24 unavailable medications were reordered.

Director of Nursing or designee will perform weekly audits starting on 10/31/2024 and end on 12/31/2024

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

Implemented (█) 12/04/2024)

233c - Key-Locking Devices

12. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted at the gate from the courtyard of the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept (█) - 11/06/2024)

On 10/10/2024 code was placed in sight on key locking device by Maintenance Director.

Maintenance Director will audit placement weekly for two months starting 10/31/2024 and end on 12/31/2024

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

Implemented (█) - 12/04/2024)