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

December 31, 2024

[redacted]
YORK HEALTHCARE OPTIONS, LLC
[redacted]
C/O INTEGRACARE CORP
[redacted]

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

[redacted] ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2024, 11/14/2024 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: *THE RESIDENCE AT FITZ FARM* **License #**: *33902* **License Expiration**: *08/15/2025*

Address: *2200 SPRINGWOOD ROAD, YORK, PA 17403*

County: *YORK* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *YORK HEALTHCARE OPTIONS, LLC*

Address: [redacted]*86*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *03/13/2023* **Issued By**: *York Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *105* **Waking Staff**: *79*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *11/14/2024*

Inspection Dates and Department Representative

11/13/2024 - On-Site: [redacted]

11/14/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *70*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *24* **Residents Served**: *17*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *70*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *35* **Have Physical Disability**: *0*

Inspections / Reviews

11/13/2024 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/05/2024*

12/06/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/30/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/13/2024*

Inspections / Reviews *(continued)*

12/13/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/30/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *12/30/2024*

12/31/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/30/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [redacted], the home's most recent LIS from the partial inspection on [redacted] and the full inspection on [redacted] and [redacted] were not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept [redacted] - 12/13/2024)***

On 11/14/24 both LIS from 6/25/24 and 11/1/23 and 11/2/23 were posted on the Personal Care Bulletin board by the interim Executive Operations Officer. Monthly audits of postings will be completed by the Executive Operations Officer to assure continued compliance. These audits were started December 2, 2024. Area General Manager, [redacted] provided education to new EOO on 12/11/24.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: *12/11/2024*

Implemented [redacted] - 12/31/2024)

63a - First Aid/CPR Training

2. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] and [redacted], from 11:00 PM and 7:30 AM, 70 residents were present in the home. During this time, there was no staff person present in the home who was certified in CPR and First Aid.

On [redacted] and [redacted] from 11:00 PM and 7:30 AM, 70 residents were present in the home. During this time, there was 1 staff person present in the home who was certified in CPR and First Aid.

Plan of Correction ***Accept [redacted] - 12/13/2024)***

Resident Wellness Director noted training was needed to be in compliance and a class was completed on November 8, 2024, providing the training needed to assure at least 1 team member for every 50 residents was trained in CPR/First Aid. A training is scheduled on December 30, 2024, for additional team members. Schedules were reviewed by the Resident Wellness Director on 11/14/24 through the end of December to verify compliance. Schedules will be reviewed when posted for compliance by the Resident Wellness Director or Executive Operations Officer to assure continued compliance. This review initiated on 12/10/24. Education of this regulation and plan of correction was reviewed by the Area General Manager with the Resident Wellness Director and Executive Operations Officer on 12/11/24.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: *12/11/2024*

Implemented [redacted] 12/31/2024)

63a - First Aid/CPR Training *(continued)*

81b - Resident Personal Equipment

3. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [redacted] bed is equipped with a partial bedrail that is 6 inches away from the mattress, posing an entrapment risk.

Resident [redacted] bed is equipped with a bed enabler that has an opening of 9 and 1/2 inches wide and 7 and 1/2 inches high, posing an entrapment risk.

Plan of Correction ***Accept [redacted] - 12/13/2024)***

Families were notified and the enablers removed on these 2 beds on [redacted] Education on use and types of approved enablers provided to the families and residents by the Resident Wellness Director on [redacted]. Education on enablers provided to Team members on 11/20/24. Audits for enablers will be completed monthly by the Resident Wellness Coordinator or designee. This audit was started on 12/4/24.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: *12/11/2024*

Implemented [redacted] - 12/31/2024)

82c - Locking Poisonous Materials

4. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted], at 9:55 AM, the door to the spa room in the Secure Dementia Care Unit (SDCU) was standing open. Inside the room and in plain view was a can of Penetrating Liquid with a warning label stating, "May be fatal if swallowed". In a cabinet in this same spa room was a can of Off Insect Repellent with a warning on the label stating, "Call Poison Control if ingested". The residents in the SDCU have not been assessed to be safe around poisonous or hazardous materials.

Plan of Correction ***Accept [redacted] - 12/13/2024)***

The spa room was secured at time this was noted on 11/13/24 by the Safety and Maintenance Engineer (SME). Vendor reminded at time of discovery on 11/13/24 to secure chemicals during install and was supervised by maintenance staff for remainder of install. Vendors will be supervised by a community team member and advised of safety standards prior to initiating work. SME provided education by Area General Manager on 11/13/24 regarding vendor supervision. Vendors will be supervised by SME or designee while working in the community ongoing

82c - Locking Poisonous Materials (continued)

effective 11/14/24. Weekly checks will be completed by the Executive Operations Officer or designee weekly for 4 weeks effective 12/13/24 and monthly ongoing to maintain compliance.

Proposed Overall Completion Date: 12/13/2024

Licensee's Proposed Overall Completion Date: *12/13/2024*

Implemented [redacted] 12/31/2024)

84 - Heat Sources

5. Requirements

2600.
84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

There are three electric fireplaces in the facility which produce heat resulting in the surface temperature exceeding 120 degrees Fahrenheit on the surface near the top of the fireplace. The guards at the fireplaces do not sufficiently cover the area where the heat is dispensed to prevent a resident coming in contact with the hot surface.

Plan of Correction ***Accept [redacted] - 12/06/2024)***

The fireplace heat source was turned off at the time of the inspection on 11/14/24. Heating source for all 3 fireplaces were disconnected on 11/27/24 by the Safety and maintenance engineer.

Licensee's Proposed Overall Completion Date: *12/01/2024*

Implemented [redacted] - 12/31/2024)

101i - Access to Bedroom

6. Requirements

2600.
101.i. A resident shall have access to his bedroom at all times.

Description of Violation

During the initial walk through on [redacted] at 9:45 AM, resident rooms [redacted] and [redacted] on the Secure Dementia Care Unit (SDCU) were locked. The residents were not in their rooms and were unable to access their rooms. The use of a key fob by staff was needed to unlock these rooms.

Plan of Correction ***Accept [redacted] - 12/13/2024)***

Resident doors were unlocked at time of inspection by the Executive Operations Officer and Memory Care team members. Team onsite was coached to let doors unlocked when residents are out of their apartments to assure immediate access on 11/13/24 and during the Wellness staff meeting on 12/5/24 by Resident Wellness Director. Apartments will be checked randomly by the Lifestories Director or the Manager on Duty during walk throughs to assure continued compliance effective December 2, 2024

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: *12/11/2024*

Implemented [redacted] - 12/31/2024)

107d - Procedure Emergency Management Agency Submission

7. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated and submitted to the local emergency management agency in the past year. The last submission was completed prior to the home's opening, this date is not known and has not been completed since.

Plan of Correction ***Accept [redacted] - 12/13/2024)***

York Township emergency management was contacted initially on 11/14/24 regarding a plan to submit and review the emergency procedures. The plan was submitted by email on 12/2/24 to [redacted] for review. Plan will be submitted annually in November for review or if the plan is updated during the year by the Executive Operations Officer and audited annually by the Area General Manager to assure continued compliance. An in-person meeting at the community with [redacted] is planned for the beginning of January to meet the team and do a tour of the community for familiarity. Area General Manager provided education on 12/11/24 to the Executive Operations Officer regarding compliance with this regulation.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: *12/11/2024*

Implemented ([redacted] - 12/31/2024)

132c - Fire Drill Records

8. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records evacuation times are recorded in minutes only, with no seconds indicated.

Plan of Correction ***Accept [redacted] - 12/13/2024)***

An audit was conducted in October 2024 by the interim Executive Operations Officer and noted the drill times were documented in only minutes by previous Safety and Maintenance Engineer. Education provided on 11/7/24 by the interim EOO to the Safety and Maintenance Director. This was corrected by the current Safety and maintenance Engineer during the November fire drill on 11/8/24 to include minutes and seconds. This will be audited monthly by the Executive Operations Officer and reviewed during the monthly safety meeting to ensure continued compliance effective on December 19, 2024.

Proposed Overall Completion Date: 12/19/2024

Licensee's Proposed Overall Completion Date: *12/19/2024*

Implemented ([redacted] - 12/31/2024)

187a - Medication Record

9. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
4. Strength.

Description of Violation

Resident [redacted] medication administration record (MAR) indicates prescription for [redacted] with orders to take one capsule by mouth once daily. However, the medication present in the cart is [redacted].

Plan of Correction ***Accept [redacted] - 12/13/2024)***

See attached. The residents Physician was contacted on [redacted] by the Resident Wellness Director for notification and clarification on the order. Physician provided and order for the [redacted]. Medication Assistants were provided education on 11/20/24 by the Resident Wellness Director. Medication Carts to be audited weekly by the Resident Wellness Director or Coordinator to maintain compliance. This audit was initiated on 12/4/24.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: *12/11/2024*

Implemented [redacted] 12/31/2024)

187d - Follow Prescriber's Orders

10. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

*Resident [redacted] is prescribed [redacted] with orders to take one tablet by mouth twice daily *hold for SBP < 100 or HR <60*. On following dates and times, this medication was administered when the heart rate (HR) was outside of parameters to administer:*

- *On [redacted] at 5:00 PM, Resident [redacted]'s heart rate was [redacted].*
- *On [redacted] at 5:00 PM, Resident [redacted] heart rate was [redacted].*
- *On [redacted] at 5:00 PM, Resident [redacted]s heart rate was [redacted].*
- *On [redacted] at 8:00 AM, Resident [redacted]s heart rate was [redacted].*

Repeated Violation - 11/1/23, et al

Plan of Correction ***Accept [redacted] 12/13/2024)***

Medication Assistants were provided education on 11/20/24 by the Resident Wellness Director. Medication Carts to be audited weekly by the Resident Wellness Director or Coordinator to maintain compliance effective week of December 3, 2024. Resident Wellness Director completed an audit of Resident [redacted] documented heart rate through November 30 to assure accuracy within parameters on 12/1/24.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: *12/11/2024*

Implemented ([redacted] - 12/31/2024)

225c - Additional Assessment

11. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] assessment, dated [redacted], does not include the resident's need for enabler bars.

Resident [redacted] assessment, dated [redacted] does not include the resident's need for the enabler bars.

Plan of Correction ***Accept [redacted] - 12/13/2024)***

Resident[redacted] & 4 RASP's updated at time of inspection by the Resident Wellness Director and provided to inspectors. RASP's will be updated in the event an enabler is needed to assist with mobility by the Resident Wellness Director. Enabler audits will be completed monthly by the Resident Wellness Director or designee effective on December 4, 2024. Resident Wellness Director was provided technical assistance by the inspectors on site on 11/14/24 and reviewed regulation on 12/11/24 with the Area General Manager.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: *12/11/2024*

Implemented [redacted] - 12/31/2024)

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 keypad were not posted at the door to stair 3 at the east exit in the Secured Dementia Care Unit (SDCU).

Plan of Correction ***Accept [redacted] - 12/13/2024)***

The code to the doors by the stairwell were posted by the Resident Wellness Director on 11/13/24. Weekly audits to be completed by Safety and Maintenance Engineer as part of safety checks and by Lifestories Director or Manager on Duty during daily walk throughs effective on December 11, 2024. Education provided to Lifestories Director, Safety and Maintenance Engineer and Leadership Team on 12/11/24.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: *12/11/2024*

Implemented [redacted] - 12/31/2024)