

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

January 21, 2025

[REDACTED]
GAHC3 YORK PA ALF TRS SUB LLC
[REDACTED]

RE: SENIOR COMMONS AT POWDER
MILL
1775 POWDER MILL ROAD
YORK, PA, 17403
LICENSE/COC#: 33210

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2024 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: SENIOR COMMONS AT POWDER MILL **License #:** 33210 **License Expiration:** 01/18/2025

Address: 1775 POWDER MILL ROAD, YORK, PA 17403

County: YORK **Region:** CENTRAL

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: GAHC3 YORK PA ALF TRS SUB LLC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 07/23/2001 **Issued By:** Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 156 **Waking Staff:** 117

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 12/09/2024

Inspection Dates and Department Representative

12/09/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 166 **Residents Served:** 110

Secured Dementia Care Unit

In Home: Yes **Area:** Rosewood, Arlington **Capacity:** 44 **Residents Served:** 26

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 110

Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 46 **Have Physical Disability:** 2

Inspections / Reviews

12/09/2024 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/27/2024

Inspections / Reviews (*continued*)

12/30/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/03/2025

01/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/22/2025

01/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On [REDACTED] at 5:23PM, Resident [REDACTED] became physically aggressive towards staff. Staff Member A put both of [REDACTED] hands on the resident's shoulders and applied pressure to try to get the resident to sit down. The resident did sit down on the ground when Staff Member A pushed on [REDACTED] shoulders. When the resident began kicking, Staff Member A told Staff Member B to put the resident's feet on the floor so Staff Member A could pick the resident up to place [REDACTED] in a wheelchair.

Plan of Correction

Accept [REDACTED] - 01/02/2025)

Immediate Corrective Action: Staff members A & B were relieved from their shift duties and sent home by the shift supervisor on [REDACTED]. Resident [REDACTED] was helped to room, assessed and found to have no injuries, and rested there the remainder of the evening. Investigation initiated by Assistant Executive Director initiated on 11/28/24. Phone call placed to resident POA explaining situation. POA arrived and visited with resident for the rest of the evening.

Additional Corrective Action: Trainings held by Memory Care Director on 11/27/24, 12/5/24 & 12/13/24 on how to approach an agitated resident and implement positive approaches to care. Wellness staff attended the trainings and signed an attendance sheet to acknowledge attending the training.

Ongoing: The Memory Care Director will review with staff monthly during staff meetings various techniques related to positive approaches to care, beginning at the scheduled wellness staff meeting on January 29th 2025. Ongoing compliance will be reviewed at quarterly QA Meetings by the Memory Care Director, beginning with a 2024 Q4 review on January 14th 2025. Memory Care Director will implement shift huddle for staff to communicate resident challenges and successes during shift. Memory Care Director will review incident reports at quarterly QA meeting beginning on January 14th 2025 to show on-going compliance with positive approach to care techniques.

Licensee's Proposed Overall Completion Date: 01/14/2025

Implemented [REDACTED] 01/21/2025)

225c - Additional Assessment

2. 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

On [REDACTED], Resident [REDACTED] was observed using a walker to ambulate. In addition, staff referenced the resident's use of a wheelchair in incident documentation as well as during staff interviews onsite. However, Resident [REDACTED] assessment, dated 7/29/2024, indicates that the resident ambulates independently with no assistive device.

Plan of Correction

Accept [REDACTED] - 01/02/2025)

Immediate Corrective Action: Resident [REDACTED] RASP was updated to reflect their need for an assistive device, by the

225c Additional Assessment (continued)

Clinical Care Coordinator on 12/10/24.

Additional Corrective Action: Clinical Care Coordinator will audit resident RASPs beginning on 1/2/25 with goal of completion of all resident RASPs by Jan. 15th 2025. Clinical Care Coordinator will make updates to resident RASPs as needed after audit, with RASPs updated immediately upon discovery of needed updates, to be completed by January 15, 2025.

Ongoing: A 5% sample of resident records will be reviewed by the 31st of each month by the Clinical Care Coordinator to ensure RASPs are updated, beginning with completion of the first 5% sample to be completed in January 2025, no later than January 31st 2025. The Assistant Executive Director and Memory Care Director will report on ongoing compliance during quarterly quality assurance meetings, beginning in January 2025. The Assistant Executive Director will train the Clinical Care Coordinator by 1/3/25 on proper and timely RASP updates.

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented [REDACTED] - 01/21/2025)