

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

March 6, 2025

[REDACTED]
914 W MARKET STREET OPERATING COMPANY LLC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/14/2025 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: 06/26/2025
Address: 914 WEST MARKET STREET, YORK, PA 17401		
County: YORK	Region: CENTRAL	

Administrator		
Name: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]

Legal Entity		
Name: 914 W MARKET STREET OPERATING COMPANY LLC		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: C-2 LP	Date: 04/27/2000	Issued By: labor & Industry

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 121	Waking Staff: 91

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #: 0
Reason: Incident, Interim		Exit Conference Date: 01/14/2025

Inspection Dates and Department Representative	
01/14/2025 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 132		Residents Served: 102	
Secured Dementia Care Unit			
In Home: Yes	Area: Laurel Court	Capacity: 20	Residents Served: 17
Hospice			
Current Residents: 19			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 101	
Diagnosed with Mental Illness: 11		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 19		Have Physical Disability: 2	

Inspections / Reviews		
01/14/2025 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/02/2025
02/03/2025 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 02/27/2025	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/10/2025

Inspections / Reviews *(continued)*

02/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/03/2025

03/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. 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 approximately 11:15AM, yelling was heard at the end of the hallway in the home's Secured Dementia Care Unit (SDCU). Upon investigation, Resident [REDACTED] was observed pushing/pulling Resident [REDACTED] walker. According to staff interviews, when Resident [REDACTED] let go of Resident [REDACTED] walker, Resident [REDACTED] fell to the floor. Resident [REDACTED] requested staff to get Resident [REDACTED] away from [REDACTED].

On [REDACTED], at approximately 5:30PM, Resident [REDACTED] was observed pushing Resident [REDACTED] onto the floor in an attempt to remove Resident [REDACTED] from [REDACTED] doorway. As a result of the incident, Resident [REDACTED] sustained a cut above [REDACTED] left eyebrow and was transported to the hospital.

On [REDACTED] at approximately 8:50AM, Staff Member A heard a thump and found Resident [REDACTED] on the floor in Resident [REDACTED] bedroom. Resident [REDACTED] was observed to be out of breath and Resident [REDACTED] sustained a cut on [REDACTED] left arm which was actively bleeding. Staff Member A led Resident [REDACTED] out of the room and tended to [REDACTED] wound.

Repeated Violation - [REDACTED] et al and [REDACTED], et al

Plan of Correction

Accept ([REDACTED] 02/03/2025)

On 2/15/2024 a training will be held by Administrator on 42b for all nursing staff.

Resident [REDACTED] was issued a 30 day notice back in June of 2024. Resident [REDACTED] was discharged from the community in December of 2025.

Resident [REDACTED] was issued a 30 day notice at the close of November 2024. Resident [REDACTED] will be discharged from the building on [REDACTED]. Resident [REDACTED] was transferred to a local SNF in January 2025.

Resident [REDACTED] RASP has been updated to reflect appropriate changes. Resident [REDACTED] will be discharged from the building on [REDACTED].

Monthly resident care assessments will be conducted by DOW on resident [REDACTED] and [REDACTED] to determine any care changes or interventions.

DOW or designee will monitor and report to PCP immediately a resident experiencing a change in condition. DOW and Administrator will be conducting monthly reviews on the residents in questions to ensure RASPS are updated to reflect behaviors as well as any interventions needed.

This will be discussed at our next QA meeting on 3/6/2025.

Proposed Overall Completion Date: 01/28/2025

42b Abuse (continued)

Licensee's Proposed Overall Completion Date: 01/28/2025

Implemented [redacted] - 03/03/2025)

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

Repeated Violation [redacted], et al

Plan of Correction

Accept [redacted] - 02/03/2025)

On 1/31/2025 a training was held by Administrator for scheduler, DOW and RCC on 63.a. and the correlation to the violation.

On 1/29/2025 a CPR/AED class was held for ten staff for certification purposes. This ensures all current nursing staff will be CPR/AED certified.

Starting 2/3/2025, Nursing scheduler will document staff on each shift who holds CPR certification. A minimum of two certified staff will be scheduled. If the census is over 100 a minimum of three certified staff per shift. This will be documented weekly for a period of eight weeks.

During the month of February 2025, two staff will become certified CPR/AED trainers. During orientation, all new staff will become certified prior to starting their floor training.

DOW or designee will audit the weekly checks. Administrator will also audit the weekly checks to ensure ongoing compliance.

This will be discussed at our next QA meeting on 3/6/2025.

Proposed Overall Completion Date: 01/29/2025

Licensee's Proposed Overall Completion Date: 01/29/2025

Implemented [redacted] - 03/03/2025)

183d - Prescription Current

3. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], [redacted] and [redacted] prescribed for Resident [redacted] was observed in the home's 2000 hallway medication cart; however, these medications were discontinued on 1/13/25 and 1/8/25.

Plan of Correction

Directed [redacted] - 02/03/2025)

On 1/14/2025 RCC pulled the medication from the 2000 medication cart.

183d - Prescription Current (continued)

DOW will hold a training on 2/5/2025 regarding 183.d with all Med-Techs and the correlation to the violation. When any future medication is discontinued, DOW or designee will pull the medications from the cart. DOW or designee will conduct daily audits starting on 2/10/2025 which will continue for two week then weekly for four weeks.

Administrator will audit these checks weekly to ensure ongoing compliance.

This will be discussed at our next QA meeting on 3/6/2025.

Proposed Overall Completion Date: 01/29/2025

Directed Completion Date: 02/14/2025

Implemented [REDACTED] - 03/03/2025)

183e - Storing Medications**4. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], a [REDACTED] and [REDACTED] prescribed for Resident [REDACTED] were found opened and not dated.

On [REDACTED] 4 loose pills were observed in the home's 2000-hallway medication cart.

Repeated Violation - [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 02/03/2025)

On 1/14/2025 RCC removed the [REDACTED] pen from the med cart and the loose pills were discarded by the RCC.

A training will be held on 2/5/2025 by DOW pertaining to 183.e for all Med-Techs and the correlation to the violation.

Starting on 2/10/2025 a daily reminder will be placed in Resident [REDACTED] MAR for Med-Techs to use the date stickers in the cart to date all opened medication. A note will be attached to the top of the med-cart as another reminder to date all opened medication.

Starting on 2/10/2025 daily shift checks will start for two weeks. This will be checked in the MAR "under Clean Cart Check". After the initial two weeks the checks will be weekly for four weeks.

DOW or designee will audit the checks weekly. Administrator will audit the DOW audits weekly to ensure ongoing compliance.

This will be discussed at our next QA meeting on 3/6/2025.

Proposed Overall Completion Date: 01/29/2025

Licensee's Proposed Overall Completion Date: 02/14/2025

183e - Storing Medications (continued)

Implemented [redacted] 03/03/2025)

184b - Labeling OTC/CAM

5. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted], a bottle of [redacted] and a bottle of Refresh tears were in the 2000-hallway medication cart and were not labeled with a resident's name

Plan of Correction

Accept [redacted] - 02/03/2025)

On 1/14/2025 RCC correctly labeled this medication and laced in the 2000 cart.

A training will be held on 2/5/2025 by DOW pertaining to 14.b for all med-techs and the correlation to the violation.

Starting 2/10/2025 one Med-Tech per shift will be assigned to label all medications incoming on that shift. The Med-Techs will sign off all daily medication labeling. This will continue daily for two weeks and then weekly for four weeks.

Dow or designee will audit the checks weekly. The Administrator will audit the weekly checks to ensure ongoing compliance.

This will be discussed at our next QA meeting on 3/6/2025.

Proposed Overall Completion Date: 01/29/2025

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] 03/03/2025)

185a - Implement Storage Procedures

6. 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

On [redacted] the following discrepancies were observed between the blood glucose readings on Resident [redacted] reader and the blood glucose reading documented on Resident [redacted] medication administration record (MAR):

- On [redacted], at 9:00PM, the blood sugar reading documented on the resident's MAR was [redacted]. However, this reading was not found in the resident's [redacted] reader.
- On [redacted] at 11:00AM, the blood sugar reading documented on the resident's MAR was [redacted]. However, the reading on the resident's [redacted] reader was [redacted]

Resident [redacted] is prescribed [redacted] as needed. On [redacted] this medication was not available in the home.

Repeated Violation - [redacted], et al

185a - Implement Storage Procedures (continued)

Plan of Correction**Directed** [REDACTED] - 02/10/2025)

A training will be held on 2/5/2025 by DOW pertaining to 185.a for all med-techs and the correlation to the violation.

Blood sugar accuracy checks will be conducted by a Med-Tech who will take the reading, immediately scribe the reading from the meter on paper, place the paper in the monitor pouch, return to the Med-Cart, pull out the paper with the reading and scribe the accurate reading into resident [REDACTED] MAR.

This will start on 2/10/2025 and will continue after every reading for the next six weeks.

A training class for diabetes certification will be held on 3/14/2025 to ensure all staff are certified.

DOW or designee will audit the MAR's weekly to ensure resident [REDACTED] blood sugars were tested and recorded accurately.

These checks will be weekly for six weeks starting 2/10/2025.

Resident [REDACTED] prescribed medication was ordered on 1/14/2025 and arrived at the community on 1/16/2025.

DOW or designee will ensure ongoing compliance.

This will be discussed at our next QA meeting on 3/6/2025.

DOW and RCC conducted a cart audit on 1/21/2025 for all carts to ensure all PRN medications are in the carts and available.

Moving forward, DOW and RCC will conduct monthly cart audits to ensure all PRN medications are in the carts and available to residents. These cart audits will start on 2/11/2025 and will continue monthly for three months.

Proposed Overall Completion Date: 02/06/2025

Directed Completion Date: 02/28/2025

Implemented [REDACTED] 03/03/2025)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed blood sugar checks four times daily and [REDACTED] to be administered three times daily per sliding scale. However, on [REDACTED] at 7:00AM, 4:00PM and 9:00PM, Resident [REDACTED] did not have a blood sugar check completed and insulin was not administered.

Resident [REDACTED] is prescribed [REDACTED] with orders to administer 24 units once daily at bedtime. However, this medication was not administered to Resident [REDACTED] on [REDACTED] or [REDACTED] because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] with orders to take daily in the evening. However, this medication was not administered to Resident [REDACTED] on [REDACTED] and [REDACTED] because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Resident [REDACTED] is prescribed [REDACTED] with orders to take daily at 10:00PM. However, this medication was not administered to Resident [REDACTED] on [REDACTED] through [REDACTED] because the medication was not available in the home.

Plan of Correction**Accept [REDACTED] - 02/10/2025)**

Resident [REDACTED] blood sugars have been checked on a daily basis since 1/11/2025.

A training will be held on 2/5/2025 by DOW pertaining to 187.d for all Med-Techs and the correlation to the violation.

A designated shift charge Med-Tech will be assigned per shift who will be responsible for blood sugar readings for resident [REDACTED] if another Med-Tech does not have certification the charge tech will resume resident [REDACTED] care to ensure blood sugar reading are taken and insulin is administered if needed.

The charge Med-Tech will start on 2/10/2025.

Starting the week of 2/10/2025 DOW or designee will conduct daily audits of resident [REDACTED] MAR for two weeks and weekly for the next four weeks to ensure ongoing compliance.

Our next diabetic training class will be held in March 2025.

Resident [REDACTED] was in the home on [REDACTED].

Resident [REDACTED] was in the home on [REDACTED].

Resident [REDACTED] was in the home on [REDACTED].

DOW or designee will be responsible for ongoing compliance.

This will be discussed at our next QA meeting on 3/6/2025

On 2/14/2024 Med-techs will order through the MAR for their particular cart, they will scribe down the meds which were ordered in a separate medication binder with the expected date of arrival. When the medications arrive at the community Med-techs will check the binder reflecting the medications have arrived. The MAR for each residents will reflect a reminder for the med-techs to re-order all medications within 7-10 days prior to running out.

DOW or RCC will be auditing the medication binder daily to ensure medications are ordered in a timely manner and received in-house prior to the medication running out. These audits will start on 2/14/2025 and will be daily checks for two weeks and then weekly for a period of four weeks.

Proposed Overall Completion Date: 02/06/2025

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented ([REDACTED] 03/03/2025)