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

April 11, 2025

[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 03/04/2025 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: *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]

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**: *102* **Waking Staff**: *77*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *03/04/2025*

Inspection Dates and Department Representative

03/04/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *68*

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**: *68*

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

Have Mobility Need: *34* **Have Physical Disability**: *0*

Inspections / Reviews

03/04/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/27/2025*

03/27/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/10/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/02/2025*

Inspections / Reviews *(continued)*

04/02/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/10/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/10/2025*

04/11/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/10/2025*

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 6:30 PM, staff observed Resident [redacted] approach Resident [redacted] and punch [redacted] with a closed fist two times on the left cheek/eye area. Staff observed redness and applied an ice pack. Staff documentation indicated redness was still present on the victim's cheek at approximately 9:11pm. Staff reported that Resident [redacted] seemed scared and put [redacted] hands up when Resident [redacted] passed by later that evening. Another resident reported feeling scared as a result of observing incident.

Repeated Violation - [redacted]

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

On 1/30/25- Memory Care staff immediately intervened, separating the residents. Resident [redacted] staff applied ice to red area under left eye. Staff continued to monitor and support both residents involved and those that observed the interaction. There were no further incidents. All measures and checks documented in resident files. On 1/31/25- Resident [redacted] physician adjusted medications. A verbal report was made to Area on Aging on 1/31/25 and on 2/1/25 the Act 13 written abuse report was submitted to AAA and DHS. On 1/31/25 it was noted that neither resident could recall the incident. Resident [redacted] had no marks noted from the incident the evening before. Staff continued to monitor and document. On 2/4/25 Area Agency on Aging Protective Services, [redacted] arrived to follow up. [redacted] met with staff and residents. [redacted] reported no further concerns, neither resident recalled the incident, there were no marks or injuries noted on Resident [redacted]. [redacted] stated that she will close the case. On [redacted] Resident [redacted] was sent out to hospital for an evaluation, behavioral changes with staff and care. Resident [redacted] was admitted for further evaluation. On 2/28/25 Resident [redacted] returned to The Residence at Fitz Farm under Hospice Services.
On 3/9/25- Resident [redacted] passed away at the community, with [redacted] by [redacted] side and under Hospice Services. See Reportable Incident and copy of death certificate for Resident [redacted]

Licensee's Proposed Overall Completion Date: *03/25/2025*

Implemented [redacted] - 04/11/2025)

42c Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Per Staff Member A, Resident [redacted] is on a puree diet and seeks food, as the puree consistency is not satisfying to the resident. On [redacted] at approximately 2:40PM, a resident's family member reported witnessing Resident [redacted] 3 accessing a trash can. The family member observed Staff Member B yell across the room at Resident [redacted], telling the resident to get out of the trash. The resident yelled back and Staff Member B responded "bite me." During the investigation, Staff Member B confirmed that this was said to the resident and the staff was immediately terminated for violation of resident rights and conduct as per the incident report.

42c - Treatment of Residents (continued)

Plan of Correction ***Directed [redacted] - 04/02/2025)***

Interim Executive Operations Officer was notified of the report on 11/21/24. Staff member B was working and was immediately interviewed by the interim EOO regarding the reported interaction, and she admitted to the disrespectful response. Staff member B's employment was terminated on [redacted] for a resident rights violation. Resident [redacted] had no long-term effects from incident. Team members receive training at hire and annually on resident rights. No further incidents of this nature have been reported. On 4/2/25 resident rights will be reviewed with team members to include a discussion on promoting positive interactions and redirection techniques at their staff meeting facilitated by the Resident Wellness Director. Team members not present will receive training no later than 4/8/25. This training will be held annually and facilitated by the Resident Wellness Director and/or through the Senior Living University training program.

(Directed)
In addition to the above plan of correction:
Beginning no later than 4/8/25, the Administrator or designee will complete weekly resident interviews (at least least 10% of current residents) to ensure residents continue to feel they are being treated with dignity and respect. Documentation of resident interviews will be kept by the home and available for review by the Department.

Directed Completion Date: *04/08/2025*

Implemented [redacted] - 04/11/2025)

234d - Support Plan Revision

3. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The support plan dated [redacted] for Resident [redacted] who resides in the SDCU, has not been updated to show [redacted] and [redacted] needs for [redacted], or [redacted]. The resident displayed a need for support in these areas on [redacted] and [redacted], as documented in Caregiver Notes.

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

On [redacted] Resident [redacted] was sent out and admitted to the hospital for an evaluation. On [redacted] Resident [redacted] returned to The Residence at Fitz Farm, under Hospice Services. On [redacted] - Resident [redacted] passed away, under Hospice Services. See attached reportable incident sent to the state on 3/10/25. On 3/10/25-[redacted], Executive Operations Officer, met with the Director of Wellness, and LPN Charge nurse. The Director of Wellness was on vacation the week that The Department of Human Services conducted their inspection on 3/4/25 and returned from vacation on 3/10/25. Both are responsible for completing all Resident Assessments and Support Plans. During this meeting they were both educated on updating Resident Assessment and Support Plans to include behavioral changes, in addition to any changes in resident care and/ or condition. See attached signed educational form. RWD and LPN charge Nurse will audit all Memory Care resident charts, to include current Resident Assessments and Support Plans to ensure compliance. Audits will be completed by 4/8/25. See attached signed educational form. Resident status changes will be reviewed during weekly RWD/EOO meeting to assure compliance and identify when RASP needs updated effective 3/26/25.

Licensee's Proposed Overall Completion Date: *04/08/2025*

234d Support Plan Revision *(continued)*

Implemented ([redacted] 04/11/2025)