

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

June 13, 2025

[REDACTED]
HAVEN AT SPRINGWOOD OPCO LLC
[REDACTED]

RE: SEATON SPRINGWOOD
2321 FREEDOM WAY
YORK, PA, 17402
LICENSE/COC#: 33503

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2025 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: SEATON SPRINGWOOD License #: 33503 License Expiration: 10/04/2025
 Address: 2321 FREEDOM WAY, YORK, PA 17402
 County: YORK Region: CENTRAL

Administrator

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

Legal Entity

Name: HAVEN AT SPRINGWOOD OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/01/2004 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 122 Waking Staff: 92

Inspection Information

Type: Partial Notice: Announced BHA Docket #:
 Reason: Fine Exit Conference Date: 04/22/2025

Inspection Dates and Department Representative

04/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 123 Residents Served: 107

Secured Dementia Care Unit
 In Home: Yes Area: Beacon Capacity: 13 Residents Served: 10

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 107
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 15 Have Physical Disability: 0

Inspections / Reviews

04/22/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/18/2025

05/20/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/11/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/26/2025

Inspections / Reviews *(continued)*

05/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/11/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/11/2025

06/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/11/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 Record Confidentiality

1. 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 9:47 AM, a binder labeled 1st floor Narc Count Sheet was unlocked, unattended, and accessible, sitting on the first floor medication cart outside of resident room [REDACTED]. The binder contained count sheets for resident [REDACTED] and resident [REDACTED] s [REDACTED].

Plan of Correction

Accept ([REDACTED] 05/20/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 04/22/2025 by 10am the Med Tech responsible immediately relocated the Narc Count Sheets that were in a binder by storing them in a lockable compartment of the med cart.
- 2. on 04/22/2025 by 12pm all med techs immediately stored the Narc Books in the same lockable compartment of their respective carts.
- 3. on 04/22/2025 by the Executive Director the med tech that was responsible for leaving the Narc Book unattended was immediately re-educated on confidentiality of resident records per 2600.17.

To enhance the currently compliant operations:

- 1. on 05/05/2025 the Executive Director will develop training for med techs on the subject of HIPAA compliance and the content of PCH regulation 2600.17, with a completion date of 05/16/2025.
- 2. on 05/16/2025 the Executive Director will provide training to all team members on the subject of HIPAA compliance and the content of PCH regulation 2600.17, prioritizing med techs, care aides and nurses, with a completion date of 05/23/2025.

The overall completion date is 05/23/2025.

Effective 05/19/2025 the Director of Health & Wellness will perform weekly inspections through 07/31/2025 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not allow access 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. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Health & Wellness for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented ([REDACTED] 06/13/2025)

121a Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at 9:58 AM, the egress route from the home's rehab room on the lower level was blocked by a chair and two walkers.

Repeated Violation - [REDACTED], et al

Plan of Correction

Accept ([REDACTED] - 05/20/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 04/22/2025 by the Rehab Personnel the obstructions were removed immediately upon identification of the violation by the Department Inspector at approximately 10am.
- 2. on 04/22/2025 by the Executive Director education was provided to the third party vendor rehab team on the egress requirement and compliance with PCH regulation 2600.121a.

To enhance the currently compliant operations:

- 1. on 05/05/2025 the Executive Director will develop training for all team members on the subject of egress and the requirement for compliance with PCH regulation 2600.121a, with a completion date of 05/16/2025.
- 2. on 05/16/2025 the Executive Director will conduct educational training on the subject of egress and the requirement for compliance with PCH regulation 2600.121a for all team members, with a completion date of 05/30/2025.

The overall completion date is 05/30/2025.

Effective 05/19/2025 the Director of Facilities will perform weekly checks through 10/10/2025 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Compliance monitoring activities will be implemented under the supervision of the Director of Facilities. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator/Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([REDACTED] - 06/13/2025)

144c1 Smoking Area Guidelines

3. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

144c1 Smoking Area Guidelines (continued)

Description of Violation

On [redacted] at 9:46 AM, approximately 50 cigarette butts were observed in the rockbeds on both sides of the home's main entrance.

Plan of Correction

Accept [redacted] - 05/27/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 04/22/2025 by the Executive Director to provide education to the smokers visibly present in the vicinity on the smoking policy and the requirements of PCH regulation 2600.144c.
- 2. on 04/29/2025 by the Executive Director/Administrator to facilitate a meeting with a frequent resident smoker and family member/POA to review smoking concerns. The smoking policy and fines per contract agreement was reiterated. The administrator provided education on PCH regulatory compliance with 2600.144c.
- 3. on 4/22/25 by the Housekeeping Personnel to dispose of the observed cigarette butts located outside of the home

To enhance the currently compliant operations:

- 1. on 05/05/2025 the Executive Director will develop educational training on the community's smoking policy and the requirements of compliance with PCH 2600.144c, with a completion date of 05/16/2025.
- 2. on 6/11/25 the Executive Director will provide education and reiterate smoking policy to residents at the next scheduled resident council meeting scheduled for second week of June. The meeting minutes will be printed in the weekly newsletter and distributed to all residents the week following the council meeting in order to ensure that the information is shared with all residents, with a completion date of 06/11/2025.
- 3. on 05/16/2025 the Executive Director will conduct training and education on the community's smoking policy and compliance requirements of PCH regulation 2600.144c for all team members, with a completion date of 06/06/2025.

The overall completion date is 06/11/2025.

Effective 05/19/2025 the Housekeeping Team will perform daily checks of the home's exterior entrance to verify that evidence of smoking or improperly disposed of cigarettes is not present through 10/03/2025 to maintain ongoing compliance with developing and implementing written fire safety policy and procedures that includes, including proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms. Compliance monitoring activities will be implemented under the supervision of the Director of Facilities. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [redacted] 06/13/2025)

183b - Meds and Syringes Locked

4. Requirements

183b Meds and Syringes Locked (continued)

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 9:55 AM, a round, yellow pill was unlocked, unattended, and accessible on the 1st floor of the main hallway by the northeast exit.

On [redacted] at 10:15AM, a round, white pill with a "U" on one side and "50" on the other side was unlocked, unattended, and accessible on the floor underneath the dietary display rack in the home's kitchen.

Plan of Correction

Accept [redacted] - 05/27/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/22/2025 by the Executive Director to immediately removed and dispose of the pills as they were discovered and identified by the Department Inspector.

To enhance the currently compliant operations:

1. on 05/05/2025 the Executive Director/Administrator will develop a training and education on PCH regulation 2600.183b, safe medication handling, appropriate medication disposal procedures, and procedures to follow if a medication is found in an accessible area, with a completion date of 05/16/2025.
2. on 05/16/2025 the Executive Director/Administrator will facilitate a training and education on PCH regulation 2600.183b, safe medication handling, appropriate medication disposal procedures, and procedures to follow if a medication is found in an accessible area for all staff, prioritizing med techs as the audience, with a completion date of 06/11/2025.

The overall completion date is 06/11/2025.

Effective 05/19/2025 the Housekeeping Team will perform daily checks using a daily "sweep" schedule to quickly identify unsecure medications and dispose of them appropriately through 10/03/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Compliance monitoring activities will be implemented under the supervision of the Director of Facilities. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [redacted] - 06/13/2025)

185a Implement Storage Procedures

5. 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] at noon, resident [redacted] had a blood glucose level of [redacted] recorded on the Medication Administration

185a - Implement Storage Procedures (continued)

Record. This reading was not documented in the glucometer.

On [redacted] in the AM, resident [redacted] had a blood glucose level of [redacted] recorded on the Medication Administration Record. The glucometer reading on [redacted] at 10:32 AM was [redacted]

On [redacted] at noon, resident [redacted] had a blood glucose level of [redacted] recorded on the Medication Administration Record. The glucometer reading on [redacted] at 12:09 PM was [redacted]

On [redacted] in the AM, resident [redacted] had a blood glucose level of [redacted] recorded on the Medication Administration Record. The glucometer reading on [redacted] at 9:57 AM was [redacted]

On [redacted] in the evening, resident [redacted] had a blood glucose level of [redacted] recorded on the Medication Administration Record. The glucometer reading on [redacted] at 7:08 PM was [redacted]

On [redacted] the blister pack containing [redacted] tablets for resident [redacted] contained 66 tablets. The count on the Controlled Substance Report for [redacted] documented 67 tablets remaining. A counting error was noted on [redacted] where 3 was incorrectly subtracted from [redacted] and [redacted] was documented. The error continued from [redacted] through [redacted]

Repeated Violation - [redacted] et al.

Plan of Correction

Accept [redacted] - 05/20/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/22/2025 by the Executive Director/Administrator to provide counseling to med techs responsible for the errors that were discovered by the Department Inspectors.

To enhance the currently compliant operations:

1. on 05/09/2025 the Executive Director/Administrator will will develop and facilitate training on PCH regulation 2600.185a glucometers, blood sugar reading procedures, and controlled substance inventory management, with a completion date of 06/06/2025.
2. on 05/09/2025 the Executive Director/Administrator will have an Insulin-Diabetes certification training conducted and facilitated by a Certified Diabetes Care and Education Specialist for med techs. This will be conducted quarterly beginning on 5/9/2025, with a completion date of 05/16/2025.

The overall completion date is 06/06/2025.

Effective 05/19/2025 the Health & Wellness Leader will perform weekly audits through 10/03/2025 by completing glucometer to MAR audits and a weekly check of the controlled substance counts in order to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Compliance monitoring activities will be implemented under the supervision of the Director of Health & Wellness. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

185a Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented [redacted] - 06/13/2025)

187d - Follow Prescriber's Orders

6. Requirements

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

Description of Violation

Resident [redacted] was prescribed [redacted] units subcutaneously before meals per sliding scale: 150 200 1 unit; 201 250 2 units; 251 300 3 units; 301 350 4 units. On [redacted] at 12:09 PM, the resident's blood sugar reading was [redacted] as per the resident's glucometer, requiring 1 unit of [redacted]. However, the blood glucose level of [redacted] was incorrectly recorded on the resident's medication administration record resulting in the administration of 2 units of insulin.

Repeated Violation [redacted], et al.

Plan of Correction

Accept [redacted] - 05/27/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 04/22/2025 by the Administrator to counseled the med tech responsible for the error.
- 2. on 04/22/2025 by the Administrator to notify physician of error in medication administration and provided an incident report to the Department by approximately 5:30pm that evening.

To enhance the currently compliant operations:

- 1. on 05/09/2025 the Administrator will have an Insulin Diabetes certification training conducted and facilitated by a Certified Diabetes and Education Specialist for med techs. The training will be offered on a quarterly basis beginning 5/9/2025, with a completion date of 11/28/2025.
- 2. on 04/22/2025 the Administrator will completed a review of the insulin requirements for all diabetic residents. The resident involved in this violation has a discontinue order for insulin. Currently, there are no sliding scale insulin requirements for any residents as resident #3's sliding scale insulin was discontinued effective 3/17/25, with a completion date of 04/22/2025.

The overall completion date is 6/11/2025.

Effective 05/19/2025 the Director of Health & Wellness will perform biweekly reviews of insulin administration records through 09/30/2025 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [redacted] - 06/13/2025)