

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

June 2, 2025

[REDACTED]
2830 CAROL RD OPCO LLC
[REDACTED]

RE: AMOROSO WELLNESS AT YORK
2830 CAROL ROAD
YORK, PA, 17402
LICENSE/COC#: 33779

[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: AMOROSO WELLNESS AT YORK **License #:** 33779 **License Expiration:** 06/03/2025
Address: 2830 CAROL ROAD, YORK, PA 17402
County: YORK **Region:** CENTRAL

Administrator

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

Legal Entity

Name: 2830 CAROL RD OPCO LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 02/07/2022 **Issued By:** Springettsbury Township

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 135 **Waking Staff:** 101

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **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: 125 **Residents Served:** 102

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 20 **Residents Served:** 17

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 102
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 33 **Have Physical Disability:** 0

Inspections / Reviews

04/22/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/10/2025

05/08/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/30/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/15/2025

Inspections / Reviews *(continued)*

05/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/02/2025

06/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [REDACTED] admitted to the home on [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Directed ([REDACTED] 05/14/2025)

On April, 29 2025 our Community Relations Manager added resident education regarding medication refusal to resident [REDACTED] file after educating the resident.

On May 9, 2025 Administrator educated self and Community Relations Manager regarding regulation 2600.191 and the relation to the specific violation.

On May 2, 2025, this document was added to the new resident admission checklist and the Resident Handbook by Administrator.

On May 15, 2025 an audit will be conducted by Community Relations Manager to ensure all residents received "right to Refuse Medications" education and ensure a copy is in their folder.

Administrator will review new resident admission checklist starting May 12, 2025 for the next four weeks to ensure compliance.

Administrator or designee will be responsible for ongoing compliance.

Proposed Overall Completion Date: 05/08/2025

Directed Completion Date: 06/02/2025

Implemented [REDACTED] - 06/02/2025)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

Description of Violation

On [REDACTED], during the middle of 3rd shift (11:00 PM - 6:30 AM), Staff Person A used a strap to fasten Resident [REDACTED] legs to the resident's wheelchair in order to prevent the resident from wandering during the shift. Resident [REDACTED] remained strapped in the wheelchair until approximately 6:30 AM, when Staff Person B observed the restraint and removed the strap. Staff Person A was terminated as a result of this incident.

Plan of Correction

Directed ([REDACTED] 05/14/2025)

After an internal investigation and findings, [REDACTED] employment was terminated on [REDACTED].

The Director of Wellness will educate all nursing staff on [REDACTED] and on [REDACTED] regarding regulation 2600.202 and the correlation to the specific violation. Resident rights, abuse and neglect will also be reviewed.

On May 19, 2025, Assistant Director of Wellness or designee will conduct weekly interviews of random residents to ensure appropriate interventions are being utilized. These interviews will be documented weekly for a period of four weeks.

202 Prohibitions (continued)

The DOW or designee will be responsible for ongoing compliance.

Proposed Overall Completion Date: 05/09/2025

Directed Completion Date: 06/02/2025

Implemented [REDACTED] - 06/02/2025)