

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

May 27, 2025

[REDACTED]  
2618 E MARKET STREET OPERATING COMPANY LLC  
[REDACTED]

RE: AUTUMN HOUSE EAST  
2618 EAST MARKET STREET  
YORK, PA, 17402  
LICENSE/COC#: 33823

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2025, 05/19/2025 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 EAST **License #:** 33823 **License Expiration:** 10/11/2025  
**Address:** 2618 EAST MARKET STREET, YORK, PA 17402  
**County:** YORK **Region:** CENTRAL

## Administrator

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

## Legal Entity

**Name:** 2618 E MARKET STREET OPERATING COMPANY LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** C-2 LP **Date:** 04/27/2024 **Issued By:** Labor & Industry  
**Type:** I-1 **Date:** 08/11/2020 **Issued By:** Springett bury Township

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 175 **Waking Staff:** 131

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:** 0  
**Reason:** Incident, Fine **Exit Conference Date:** 04/29/2025

## Inspection Dates and Department Representative

04/29/2025 - On-Site: [REDACTED]  
05/19/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 150 **Residents Served:** 120

## Secured Dementia Care Unit

**In Home:** Yes **Area:** Laurel Court **Capacity:** 32 **Residents Served:** 29

## Hospice

**Current Residents:** 16

## Number of Residents Who:

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 120  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 55 **Have Physical Disability:** 1

## Inspections / Reviews

04/29/2025 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/30/2025

Inspections / Reviews (*continued*)

## 05/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/28/2025

## 05/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

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

## 05/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], the Power of Attorney (POA) for resident [REDACTED] reported concerns of financial abuse to the home. There were fraudulent purchases on resident [REDACTED] bank card, and the bank card was still present in the resident's room. An Act 13 Mandatory Abuse Reporting form was not completed and submitted to local Area Agency on Aging until [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/21/2025)

Act 13 Mandatory Abuse Reporting form was submitted local Area Agency on Aging on 4/8/2025 by the Administrator. Education on regulation 15.a was given to the Administrator on date of inspection by on-site inspectors. This education included when and what to report to each agency, along with any follow-up after investigation is completed. Education was provided to the staff on reportable incidents, including possible financial abuse, at the staff meeting on 4/16/25 by the administrator. Audits of all incidents to be done daily by the Administrator beginning on 5/26/25 and to continue for a three month period.

Licensee's Proposed Overall Completion Date: 05/26/2025

Implemented [REDACTED] - 05/27/2025)

16c Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] the Power of Attorney (POA) for resident [REDACTED] reported concerns of financial abuse to the home. There were fraudulent purchases on resident [REDACTED]'s bank card, and the bank card was still present in the resident's room. This was not reported to the Department until [REDACTED].

Plan of Correction

Accept [REDACTED] 05/21/2025)

Incident was reported to DHS on 4/8/25 by the Administrator. Education on regulation 16.c was given to the Administrator on date of inspection by on-site inspectors. This education included when and what to report to each agency, along with any follow-up after investigation is completed. Education was provided to the staff on reportable incidents, including possible financial abuse, at the staff meeting on 4/16/25 by the administrator. Audits of all incidents to be done daily by the Administrator beginning on 5/26/25 and to continue for a three month period.

Licensee's Proposed Overall Completion Date: 05/26/2025

Implemented [REDACTED] - 05/27/2025)

42b - Abuse

3. 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 8:00 PM, resident [redacted] pushed resident [redacted] in resident [redacted] room, resulting in resident [redacted] falling to the ground. As a result of the incident, resident [redacted] sustained with a [redacted] on [redacted] [redacted] and [redacted]

Repeated Violation - [redacted], et al

Plan of Correction

Accept [redacted] - 05/21/2025)

Resident [redacted] was discharged from the facility on 5/9/25 to prevent any further incidents. Staff to continue daily behavior monitoring for all residents in the SDCU. All staff will be re-educated in timely reporting and documentation procedures related to abuse or behavioral incidents, resident rights, abuse prevention, and de-escalation strategies by the Administrator at the staff meeting on 5/21/25. Daily monitoring of behavior notes of residents in the SDCU to be done by the Administrator and Dementia Care Programmer to begin on 5/22/25 to monitor risk factors, and increased behavior.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([redacted] - 05/27/2025)

185a - Implement Storage Procedures

4. 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

Resident [redacted] is prescribed blood sugar checks four times a day. On [redacted], the following discrepancies were observed between the reading in the resident's glucometer and the reading documented in the resident's medication administration record (MAR):

On [redacted], at 1:00 PM, the resident's glucometer had a blood sugar reading of [redacted]. However, the reading documented in the resident's MAR was [redacted].

On [redacted], at 7:00 PM, the resident's glucometer had a blood sugar reading of [redacted]. However, the reading documented in the resident's MAR was [redacted].

On [redacted], at 1:00 PM, the resident's MAR had a documented blood sugar reading of [redacted]. However, this reading is not in the resident's glucometer.

On [redacted], at 5:00 PM, the resident's MAR had a documented blood sugar reading of [redacted]. However, this reading is not in the resident's glucometer.

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

## 185a Implement Storage Procedures (continued)

## Plan of Correction

Accept [REDACTED] - 05/21/2025)

Education was provided to all Certified Med Techs on proper documentation and testing of blood sugars by the Administrator and Director of Wellness at Med Tech meetings held on 5/6/25 and 5/7/25. Daily audits of glucometers and MARs are being completed by the Administrator to ensure compliance with regulation 185.a. Audits began on 4/1/25 and are to continue until 5/31. Monthly audits of glucometers to be done by the Director of Wellness and/or Resident Care Coordinator for three months beginning on 6/1/25.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [REDACTED] - 05/27/2025)

## 187d - Follow Prescriber's Orders

## 5. Requirements

2600.

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

## Description of Violation

Resident [REDACTED] is prescribed blood sugar tests twice a day. However, resident [REDACTED] blood sugar was not tested on [REDACTED] at 5:00 PM.

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

## Plan of Correction

Accept [REDACTED] - 05/21/2025)

Education was provided to all Certified Med Techs on proper documentation and testing of blood sugars by the Administrator and Director of Wellness at Med Tech meetings held on 5/6/25 and 5/7/25. Daily audits of glucometers and MARs are being completed by the Administrator to ensure compliance with regulation 185.a. Audits began on 4/1/25 and are to continue until 5/31. Monthly audits of glucometers to be done by the Director of Wellness and/or Resident Care Coordinator for three months beginning on 6/1/25.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [REDACTED] - 05/27/2025)