

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

July 10, 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 05/29/2025, 05/30/2025 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:** 06/03/2026
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: 0 **Total Daily Staff:** 132 **Waking Staff:** 99

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 05/30/2025

Inspection Dates and Department Representative

05/29/2025 - On-Site [REDACTED]
 05/30/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 **Residents Served:** 98

Secured Dementia Care Unit

In Home: Yes **Area:** Aria **Capacity:** 20 **Residents Served:** 19

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 98
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 34 **Have Physical Disability:** 0

Inspections / Reviews

05/29/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/28/2025

06/25/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/08/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 07/02/2025

Inspections / Reviews *(continued)*

07/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. 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 or around [REDACTED] during the night shift, resident [REDACTED] stated [REDACTED] wanted to kill themselves and was observed by staff with a blind cord wrapped around [REDACTED] neck. Staff person B reported the staff person who observed this incident, also took a video of the resident with a blind cord wrapped around the resident's neck. This incident was not reported to the Department.

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

Plan of Correction

Accept [REDACTED] - 06/25/2025)

An incident report was written and reported to DHS by Administrator on June 18, 2025 regarding the incident with resident [REDACTED]

An education will be held on June 26, 2025 by the Administrator with all staff regarding the violation and the specific correlation to the regulation. Amoroso's Incident Reporting Policy will also be reviewed.

DOW or ADOW will monitor the homes 24 hour Point Click Care report to ensure any incidents or potential incidents will be captured and will be reported to the department within the 24 hour reporting window. The 24 hour report monitoring will commence on June 19, 2025 and will occur daily for a period of six weeks.

The DOW or designee will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting on August 1, 2025.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented ([REDACTED] 07/10/2025)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] initial medical evaluation, dated [REDACTED] did not include height, weight, pulse rate, blood pressure, and temperature.

Plan of Correction

Accept ([REDACTED] - 06/25/2025)

On June 23, 2025, DOW rectified resident [REDACTED] DME.
Resident [REDACTED] was discharged from the community on June 20, 2025.

On June 23, 2025, Administrator held an education for DOW and ADOW regarding the violation and the correlation to the specific regulation.

An audit of all current residents Medical Evaluations by DOW or designee will take place on June 30, 2025.

As of July 1, 2025, DOW will review all Medical Evaluations (new admission and annuals) to ensure all fields are complete and within regulatory compliance. This will be documented for a period of six weeks.

DOW or designee will ensure ongoing compliance.

This will be discussed at our next Quality Assurance meeting on August 1, 2025.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented ([REDACTED] 07/10/2025)

141b1 - Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. The resident’s previous medical evaluation

141b1 - Annual Medical Evaluation (continued)

was completed on [REDACTED]

Resident [REDACTED] current medical evaluation, dated [REDACTED], did not include height and weight.

Resident [REDACTED] current medical evaluation, dated [REDACTED] did not include height.

Plan of Correction

Accept ([REDACTED] - 06/25/2025)

On June 23, 2025 DOW rectified resident [REDACTED] and [REDACTED] DME's.

On June 23, 2025, Administrator held an education with the DOW and ADOW regarding the violation and the specific correlation to the regulation.

Commencing in July 1, 2025, DOW and ADOW will schedule all future annual DME's 60 days in advance to ensure ongoing regulatory compliance.

Commencing in July 1, 2025, DOW will review and ensure all new admission and annual DME's are completed and correct for a period of six weeks.

DOW or designee will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting on August 1, 2025.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented ([REDACTED] - 07/10/2025)

202 - Prohibitions**4. Requirements**

2600.

202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] with orders to give [REDACTED] by mouth every 6 hours as needed for [REDACTED], which is not a medical diagnosis.

Resident [REDACTED] is prescribed [REDACTED] with orders to give [REDACTED] by mouth every 4 hours as needed for [REDACTED] which is not a medical diagnosis.

Plan of Correction

Accept ([REDACTED] - 06/25/2025)

On June 19, 2025 resident [REDACTED] orders for [REDACTED] and [REDACTED] were changed from [REDACTED] to unspecified

202 - Prohibitions (continued)

disorders of the brain.

An education was held by the Administrator on June 26, 2025 for the DOW, ADOW and Medication Technicians regarding the violation and the specific correlation to the regulation.

The week of July 1, 2025, DOW and ADOW will perform an audit on all residents ensuring their psychotropic, antipsychotic, antidepressant, or anti-anxiety medications are prescribed for a medical diagnosis, not for a symptom. This audit will be recorded.

Commencing, July 1, 2025, DOW and ADOW will review all new admission medications to ensure compliance with 2600.202 for a period of six weeks.

DOW will monitor all new admissions as well as all current residents.

This will be discussed at our next Quality Assurance meeting on August 1, 2025.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] - 07/10/2025)

231c - Preadmission Screening**5. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident written cognitive preadmission screening for the SDCU has not been completed.

Plan of Correction

Accept [REDACTED] - 06/25/2025)

Resident [REDACTED] was discharged from the home on June 11, 2025 to skilled care.

An education was held by Administrator on June 23, 2025 for the DOW and ADOW regarding the violation and the specific correlation to the regulation.

An audit will be conducted by DOW or designee on June 27, 2025 to ensure all current SDCU residents pre-admission screens are completed within the regulatory time frame.

A document will be created and commencing on June 25, 2025, DOW will review all new SDCU admissions and their their pre-admission screens to ensure regulatory compliance for a period of six weeks.

DOW or designee will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting on August 1, 2025.

Licensee's Proposed Overall Completion Date: 06/19/2025

231c - Preadmission Screening (*continued*)

Implemented [REDACTED] - 07/10/2025)