



Pennsylvania
Department of Human Services

Emailing Date: November 4, 2025

Haven at Springwood OPCO LLC
[REDACTED]

RE: Seaton Springwood
2321 Freedom Way York,
Pennsylvania 17402
License #: 335031

Dear Haven at Springwood OPCO LLC:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 8, 2025, July 9, 2025, September 10, 2025 and September 11, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in brown ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-Term Living

Enclosures
License
Licensing Inspection Summary

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]

Legal Entity

Name: HAVEN AT SPRINGWOOD OPCO LLC
Address: 2321 FREEDOM WAY, YORK, PA, 17402
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/20/2004 Issued By: Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 129 Waking Staff: 97

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Provisional Exit Conference Date: 07/09/2025

Inspection Dates and Department Representative

07/08/2025 - On-Site: [REDACTED]
07/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 123 Residents Served: 105

Secured Dementia Care Unit

In Home: Yes Area: Beacon Capacity: 13 Residents Served: 12

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 105
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 24 Have Physical Disability: 0

Inspections / Reviews

07/08/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/01/2025

08/05/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/31/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/11/2025

Inspections / Reviews *(continued)*

08/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/31/2025

11/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/8/25, the home's most current licensing summary issued by the Department, dated 5/8/25, was not posted in a conspicuous and public place accessible to residents and guests without assistance from staff.

Plan of Correction

Accept [redacted] - 08/04/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/10/2025 by the Administrator to placed the Licensing Inspection Summaries (LIS) in a clearly marked three-ring binder located on the bookshelf in the main lobby, adjacent to the elevators.

To enhance the currently compliant operations, on 08/01/2025 the Administrator will educate the Business Office Director and Concierges on the requirement that the LIS must be posted in a conspicuous and public location, with a completion date of 08/08/2025.

Effective 08/04/2025 the Administrator or Designee will perform weekly audits through 09/01/2025 to maintain ongoing compliance with posting the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator or Designee for further review and continuous improvement.

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

Implemented [redacted] - 09/26/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 7/9/25, Clorox Bleach and Clothesline Fresh Oxydon Detergent with manufacturer's labels indicating "Contact Poison Control", were unlocked, unattended, and accessible to residents in the lower level north laundry room.

On 7/9/25, NABC Concentrate, Scrubbing Bubbles, ZEP furniture polish, and Disinfectant Spray with manufacturer's labels indicating "Call Poison Control" were unlocked, unattended, and accessible to residents in a cleaning cart located outside of resident room 111.

Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Repeated Violation - 9/10/24, et al.

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept [redacted] - 08/04/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 07/09/2025 by the Director of Facilities to remove and properly secure all identified cleaning agents and hazardous chemicals.
- 2. on 07/09/2025 by the Housekeeping Supervisor to instruct housekeeping and maintenance staff to immediately secure all chemicals and to visually inspect cleaning carts for compliance.

To enhance the currently compliant operations:

- 1. on 08/15/2025 the Director of Facilities or Designee will re-educate all staff on the requirement to lock and secure all poisonous materials. Documentation will be retained, with a completion date of 08/15/2025.
- 2. on 07/28/2025 the Director of Facilities completed an initial 100% inspection. All common areas and resident rooms were inspected, and unsecured chemicals were removed, with a completion date of 07/28/2025.

The overall completion date is 08/15/2025.

Effective 08/04/2025 the Director of Facilities or Designee will perform weekly inspections to include 10 randomly selected rooms and all common areas through 09/01/2025, then monthly through 11/01/2025 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [redacted] - 11/03/2025)

85a - Sanitary Conditions

3. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/8/25 at approximately 9:47 AM, resident room [redacted] had a basket of clothing soiled with feces sitting in contact with the resident's clean, hung towels in the resident's bathroom. Feces was present on the front and inside rim of the resident's toilet.

On 7/9/25 resident room [redacted] had a strong odor. The room had an upholstered recliner chair with a urine stain on the seat of the chair.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept [REDACTED] - 08/04/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2025 by the Housekeeping Supervisor to clean the resident rooms identified.

To enhance the currently compliant operations:

- 1. on 08/15/2025 the Director of Facilities or Designee will re-educate staff on housekeeping, infection control, and incontinence care protocols, with a completion date of 08/15/2025.*
- 2. on 07/28/2025 the Director of Facilities completed a comprehensive inspection of all resident rooms to verify compliance with sanitary conditions, with a completion date of 07/28/2025.*

The overall completion date is 08/15/2025.

Effective 07/28/2025 the Housekeeping Supervisor will perform daily, 5 days per week, checks of rooms identified to require more frequent attention through 08/31/2025 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Facilities or Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [REDACTED] 11/03/2025)

97 - Elevators/Lifting Devices

4. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The elevator with Equipment Number 003 does not have a certificate of operation from the Department of Labor and Industry or appropriate local building authority.

Plan of Correction

Accept [REDACTED] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/14/2025 by the Director Of Facilities to have equipment inspected and obtain documentation of the elevator's operation. The elevator was inspected on the following dates 12/30/2024 and 07/14/2025, and the certificate of operation was obtained on 07/28/2025 and expires on 01/31/2027.

To enhance the currently compliant operations:

- 1. on 08/20/2025 the Administrator or designee will re-educate the Maintenance Director on this regulation to ensure that required elevator inspections are scheduled in advance of the expiration date, with a completion date of 08/20/2025.*
- 2. on 08/20/2025 the Director of Facilities will create a compliance spreadsheet tracking to include elevator number, all inspection due dates, and expiration date of the certificate of operation and share it with the Administrator, with a completion date of 08/31/2025. The tracking sheet will be maintained by the Director of Facilities and monitored by the Administrator.*

The overall completion date is 08/31/2025.

97 - Elevators/Lifting Devices (continued)

Effective 08/20/2025 the Administrator will perform quarterly reviews of compliance tracking through 01/01/2026 to maintain ongoing compliance with ensuring each elevator and stair glide has a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices). Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [redacted] - 09/05/2025)

103c - Food Protected

6. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 7/8/25 at approximately 9:50 AM, there were eight uncovered tubs of ice cream stored in a cabinet display freezer.

Plan of Correction

Accept [redacted] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2025 by the Director of Culinary to notified ice cream vendor of violation and new containers with lids were supplied to the community on 07/10/2025.

To enhance the currently compliant operations, on 08/20/2025 the Director of Culinary will re-educate all dining staff on this regulation of protecting food from contamination while being stored, prepared, transported and served, with a completion date of 08/20/2025.

Effective 08/01/2025 the Director of Culinary will perform weekly inspections for 4 weeks through 08/31/2025 to maintain ongoing compliance with ensuring food is protected from contamination while being stored, prepared, transported and served. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Culinary for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [redacted] - 09/26/2025)

141a 1-10 Medical Evaluation Information

7. 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 #2 had two medical evaluations completed [REDACTED]/25 which were both signed by the physician on [REDACTED]/25, indicating inconsistent dietary needs and body positioning/movement needs.

Plan of Correction

Accept [REDACTED] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/10/2025 by the Memory Care Director to labeled inaccurate DMEs and the correct DME was placed in the active file. The inaccurate version was archived appropriately.

To enhance the currently compliant operations:

- 1. on 08/15/2025 the Administrator or Designee will re-educate the Director of Wellness and applicable care staff on how to properly obtain, document and file correct medical evaluation. This will include how to review DMEs for accuracy and discrepancies, the process for requesting and making corrections, and only filing final DMEs in the resident's active file. Documentation of this training shall be kept, with a completion date of 08/15/2025.*
- 2. on 08/01/2025 the Director of Health and Wellness or Designee will review all resident records for duplicate DMEs and ensure only the correct version is retained in the resident's active file. Documentation of this audit shall be kept, with a completion date of 08/31/2025.*

The overall completion date is 08/31/2025.

Effective 08/20/2025 the Director of Health and Wellness or Designee will perform monthly reviews of each new resident's and current resident's annually due DME through 11/01/2025 to maintain ongoing compliance with ensuring each resident has 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, and to ensure the evaluation includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] 09/26/2025)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/9/25, a blister pack of Sulfatrim tablets prescribed for resident #2 was in the home's SDCU medication cart; however, the medication was discontinued on 6/29/25.

Repeated Violation - 12/10/24, 9/10/24, et al.

Plan of Correction

Accepted [REDACTED] 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2025 by the Memory Care Director to remove the identified residents' discontinued medication from the cart and was destroyed in a safe manner following Department of Environmental Protection and Federal and State regulations.

To enhance the currently compliant operations:

1. on 08/08/2025 the Director of Health and Wellness or Designee will complete a 100% audit of all resident medications in each medication cart for discontinued or expired medication, with a completion date of 08/31/2025.
2. on 08/11/2025 the Director of Health and Wellness or Designee will complete a full audit of 1 medication cart per day, Monday through Friday, so that each cart is inspected at least once per week, for 30 days, to ensure compliance with proper medication storage. Documentation shall be kept, with a completion date of 08/31/2025.
3. on 08/20/2025 the Director of Health and Wellness or Designee will re-educate medication technicians on the requirements of regulation 2600.183.d to keep in the home only current prescription, OTC, sample and CAM for individuals living in the home.

The overall completion date is 08/31/2025.

Effective 08/08/2025 the Administrator will perform weekly reviews through 09/30/2025 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/26/2025)

183e - Storing Medications

9. Requirements

2600.

183e - Storing Medications (continued)

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 7/8/25 at approximately 4:57 PM, a loose, white, round pill, inscribed with the numbers 54 and 27, was found in the second drawer of the home's 200 hall med cart.

Repeated Violation - 12/10/24, 9/10/24, et al.

Plan of Correction

Accept [redacted] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2025 by the Medication Technician to remove the loose medication from the cart and was destroyed in a safe manner following Department of Environmental Protection and Federal and State regulations.

To enhance the currently compliant operations:

1. on 08/08/2025 the Director of Health and Wellness or Designee will complete a 100% audit of all resident medications in each medication cart for discontinued or expired medication, with a completion date of 08/31/2025.
2. on 08/11/2025 the Director of Health and Wellness or Designee will complete a full audit of 1 medication cart per day, Monday through Friday, so that each cart is inspected at least once per week, to include inspection for loose medications, for 30 days, to ensure compliance with proper medication storage. Documentation shall be kept, with a completion date of 08/31/2025.
3. on 08/20/2025 the Director of Health and Wellness or Designee will re-educate medication technicians on the requirements of regulation 2600.183.e to store medications in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Effective 08/08/2025 the Administrator will perform weekly reviews through 09/30/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [redacted] - 11/03/2025)

185a - Implement Storage Procedures

10. 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 #3 was prescribed blood sugar checks twice weekly. On 6/3/25 at 5:00 AM, an exception for resident #3 was entered into the resident's Medication Administration Record (MAR) indicating the blood sugar was held per DR/RN

185a - Implement Storage Procedures (continued)

orders. However, resident #3's MAR documented a blood glucose reading of 226 at the "EARLY AM" administration time. Resident #3's glucometer did not have the resident's reading on 6/3/25 as indicated in the resident's MAR.

On 6/28/25, resident #3 had a blood sugar reading of 135 documented on the resident's MAR for the "EARLY AM" administration time; however, this reading was not in the resident's glucometer. Per the Administrator, this reading was entered in error by the Med Tech and the resident had refused the glucometer testing that morning.

On 7/8/25 at 6:06 AM, resident #3 had a blood sugar reading of 121 documented on the resident's MAR. The glucometer reading for 7/8/25 at 6:04 AM was 131.

Resident #4 is prescribed blood glucose testing twice daily. On 7/4/25 at 7:11 PM, the resident had a blood sugar reading of 238 documented on the resident's MAR; however, this reading was not in the resident's glucometer.

Repeated Violation - 4/22/25, 12/10/24, 9/10/24, et al.

Plan of Correction

Accept [REDACTED] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/14/2025 by the Director of Health and Wellness or Designee to ensure all identified items were investigated and documentation was completed or corrected as appropriate. The investigation found that a limited population of med techs were responsible for the errors found. Effective 7/14/25, the med techs were removed from blood sugar checks and insulin administration responsibilities until full recertification and re-education can be provided by a CDCES certified educator.

To enhance the currently compliant operations:

1. on 08/15/2025 the Director of Health & Wellness or designee will re-educate all med techs on the proper use of medical equipment, such as glucometer use, properly transcribing blood glucose levels, prescription order monitoring, and timely medication re-ordering. Documentation of training shall be kept, with a completion date of 08/31/2025.
2. on 08/01/2025 the Administrator scheduled a Diabetes/Insulin certification training to be completed on 8/29/2025 by CDCES certified educator, with a completion date of 08/29/2025.
3. on 07/29/2025 the Administrator will create and implement a daily assignment sheet for designated staff responsible for taking and recording blood sugar readings per physician orders. Documentation of readings shall be printed and filed daily for administrative review for 5 weeks, with a completion date of 08/31/2025.
4. on 08/11/2025 the Director of Health and Wellness or Designee will complete a 100% glucometer to MAR audit weekly for 30 days to ensure that the glucometer dates, times, and readings are accurate and match the numbers recorded in the MAR. Documentation of the audits shall be kept, with a completion date of 08/31/2025.

The overall completion date is 08/31/2025.

Effective 08/20/2025 the Administrator will perform weekly reviews through 09/10/2025 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. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [redacted] - 09/26/2025)

187a - Medication Record

11. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #5 was prescribed Lidocaine 4% pain patch, apply 1 patch topically in the morning and remove at bedtime and Hydroxyzine HCL 25MG tab, take 1 tablet orally every 13 hours as needed. The resident's June 2025 medication administration record did not indicate the diagnosis or purpose for these medications.

Plan of Correction

Accept [redacted] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2025 by the Director of Health and Wellness or Designee to correct the identified resident's Medication Administration Record (MAR) to include the diagnosis or purpose for the medication.

To enhance the currently compliant operations:

- 1. on 08/15/2025 the Administrator or Designee will re-educate all staff who administer medications on the requirements under regulation 187a, specifically, ensuring that the diagnosis or purpose is included for all medications on the MAR. Documentation of the training shall be kept, with an overall completion date of 08/31/2025.
- 2. on 08/11/2025 the Director of Health and Wellness or Designee will review the MAR for 1 cart daily, Monday through Friday, (total of 5 carts) for 30 days, to ensure that all medications have a diagnosis or purpose. Documentation of these audits shall be kept, with an overall completion date of 08/31/2025.
- 3. on 08/15/2025 the Administrator will assign pharmacy provider to complete a full audit of all MARs to ensure diagnosis or purpose is included for every medication and make corrections in the electronic MAR and then monthly thereafter at cycle change, with an overall completion date of 08/31/2025.

Effective 08/20/2025 the Administrator will perform weekly reviews through 09/10/2025 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including diagnosis or purpose for the medication, including pro re nata (PRN). Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented ([redacted] - 11/03/2025)

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187b - Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed Trulicity inject 0.5mL subcutaneously weekly on Wednesday. The resident's June 2025 medication administration record does not include the initials of the staff person who administered Trulicity on 6/11/25 at 8:00 AM.

Plan of Correction

Accept [REDACTED] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2025 by the Director of Health and Wellness or Designee to correct the identified resident's Medication Administration Record (MAR) to documentation of late entry of medication administration

To enhance the currently compliant operations:

1. on 08/15/2025 the Administrator or Designee will re-educate all staff who administer medications on the requirements under regulation 187b, specifically, ensuring that administration of medications are documented on the MAR. Documentation of the training shall be kept, with an overall completion date of 08/31/2025.

2. on 08/11/2025 the Director of Health and Wellness or Designee will review the MAR for 1 cart daily, Monday through Friday, (total of 5 carts) for 30 days, to ensure that administration of medications are documented on the MAR. Documentation of these audits shall be kept, with an overall completion date of 08/31/2025.

Effective 08/20/2025 the Administrator will perform weekly reviews through 09/10/2025 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 11/03/2025)

187c - Refusal of Medication

13. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 6/28/25 resident #3 refused to receive a scheduled blood sugar check at the "EARLY AM" administration time. The home did not document the refusal in the resident's medication record.

Plan of Correction

Accept [REDACTED] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/14/2025 by the Director of Health and Wellness or Designee to notify the physician. Because a new MAR and med cycle had already begun a late entry was not made to the previous month's MAR, but is reflected in the resident record.

187c - Refusal of Medication (continued)

To enhance the currently compliant operations:

1. on 08/08/2025 the Administrator or Designee will re-educate all staff who administer medications on the requirements under regulation 187c, specifically, resident refusals of medication shall be documented in the resident's record AND on the MAR. Documentation of the training shall be kept, with an overall completion date of 08/31/2025.
2. on 08/11/2025 the Director of Health and Wellness or Designee will review the MAR for 1 cart daily, Monday through Friday, (total of 5 carts) for 30 days. Any refusals found will trigger the reviewer to check both the MAR and the resident's record to ensure that all requirements under 187c have been followed. Documentation of these audits shall be kept. Documentation of these audits shall be kept, with an overall completion date of 08/31/2025.

The overall completion date is 08/31/2025.

Effective 08/20/2025 the Administrator will perform weekly reviews through 09/10/2025 to maintain ongoing compliance with ensuring that if a resident refuses to take a prescribed medication, the refusal must be documented in the resident's record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by 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: 08/31/2025

Implemented [redacted] - 09/26/2025)

187d - Follow Prescriber's Orders

14. Requirements

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

Description of Violation

Resident #2 was prescribed Sulfatrim 800mg, take 1 tablet orally twice daily X3 days from 6/26/25 to 6/29/25; only three doses were available in an AM blister pack and three doses were available in a PM blister pack. The resident's June 2025 medication administration record documented morning administrations on 6/27/25 and 6/29/25, totaling two doses administered. However, on 7/9/25 at approximately 3:01 PM, two (of 3) doses remained in the AM blister pack.

Repeated Violation - 4/22/25, 12/10/24, 9/10/24, et al.

Plan of Correction

Accept [redacted] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2025 by the Health and Wellness Director or Designee to notified physician of remaining doses.

To enhance the currently compliant operations:

1. on 08/08/2025 the Director of Health and Wellness or Designee will re-educate all staff who administer medications on regulation 187d. The home shall follow the directions of the prescriber, with a completion date of 08/31/2025.

187d - Follow Prescriber's Orders (continued)

- 2. on 08/11/2025 the Health and Wellness Director or Designee will review the MAR and inspect the cart for 1 cart daily, Monday through Friday, for 30 days, to ensure that all medications are documented on the MAR and being administered as ordered. The MAR review and cart audit will include comparing medication administration records with medication inventory of 5 time limited, prescribed medications per cart to verify match of inventory compared to administration records. Documentation of these audits shall be kept, with an overall completion date of 08/31/2025.
- 3. by 08/20/2025 the Health and Wellness Director or Designee will document counseling for the responsible Medication Technician that did not administer remaining dose.

The overall completion date is 08/31/2025.

Effective 08/20/2025 the Administrator will perform weekly reviews through 09/10/2025 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: 08/31/2025

Implemented [redacted] - 11/03/2025)

225a - Assessment 15 Days

16. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #7 was admitted on [redacted]/25; however, the resident's assessment was completed on [redacted]/25.

Repeated Violation - 12/10/24, 9/10/24, et al.

Plan of Correction

Accept [redacted] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2025 by the Administrator to review the circumstances related to the observed violation. The identified assessment was completed in advance of the resident's planned admission, which was then unexpectedly delayed. This was an attempt to be proactive in supporting a seamless transition in response to a violation from a previous inspection. The form was reviewed with the resident for accuracy and signed within the required 15-day timeframe following actual admission.

To enhance the currently compliant operations:

- 1. on 08/08/2025 the Administrator or Designee will re-educate the Director of Wellness and other responsible parties on the time requirement to complete the assessment for all new admissions. Any delays or changes in admission dates will be communicated in advance to prevent the untimely completion of an initial assessment, with an overall completion date of 08/31/2025.
- 2. on 07/22/2025 the Director of Health and Wellness or Designee will not complete an initial assessment until after the resident physically moves in, up to 15 days after admission, with an overall completion date of 08/31/2025.

225a - Assessment 15 Days (continued)

3. on 08/15/2025 the Director of Health and Wellness or Designee will a full audit of all current resident assessment and any needed corrections will be identified. Documentation of this audit shall be kept, with an overall completion date of 08/31/2025.

The overall completion date is 08/31/2025.

Effective 08/20/2025 the Director of health and wellness or designee will perform monthly inspections, to include verification of all new resident assessments, through [redacted]/2025 to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented ([redacted] - 09/26/2025)

225c - Additional Assessment

17. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's most current assessment, dated [redacted]/25, indicated that the resident needs prompting and cueing for transferring in and out of bed/chair and is provided with supervision and assistance as requested and/or required. However, the area of assessment for mobility indicated staff need to go to the resident, get [redacted] up in [redacted] wheelchair and push [redacted] to the evacuation site in an emergency. The resident's assessment also indicated the resident has a regular diet; however, an order for a pureed diet was received on 5/14/25.

The resident's assessed areas include inaccurate needs and has not been updated to reflect the necessary changes.

Resident #8's most current assessment, dated [redacted]/24, indicated the resident requires total physical assistance for ambulation and staff need to push [redacted] to the evacuation site in an emergency. The mobility assessment for the resident was indicated as minimal, requiring limited physical or oral assistance to evacuate. The resident's assessment for supervision indicated minimal supervision and that the resident requires no supervision in the home or when in familiar surroundings. However, the support plan to meet the needs indicates that staff will check on the resident frequently as [redacted] is very impulsive and due to wheelchair use. The resident's assessed areas include inaccurate needs and has not been updated to reflect the necessary changes.

Plan of Correction

Accept ([redacted] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/14/2025 by the Director of Health and Wellness or Designee to reassess both residents to ensure their current needs are accurately identified.

To enhance the currently compliant operations:

- 1. on 08/15/2025 the Director of Health and Wellness or Designee will re-educate all staff who complete assessments on the requirement of 225c, specifically annually or if their condition changes significantly, with

225c - Additional Assessment (continued)

- an overall completion date of 08/31/2025.*
- 2. on 08/15/2025 the Director of Health and Wellness will review all residents assessments for accuracy and any needed corrective actions will be completed. Documentation of this audit shall be kept, with an overall completion date of 08/31/2025.*
- 3. on 08/20/2025 the Director of Health and Wellness or Designee will facilitate a bi-weekly meeting to discuss any observed or documented change in resident condition. Any resident due for their annual assessment will also be discussed. A new assessment or addendum will be created and implemented following the meeting for any residents who require additional care or service. Documentation of this collaborative meeting shall be kept, with an overall completion date of 08/31/2025.*

The overall completion date is 08/31/2025.

Effective 08/20/2025 the Administrator will perform monthly checks of the meeting minutes through 11/01/2025 to maintain ongoing compliance with ensuring each resident has additional assessments, including if the condition of the resident significantly changes prior to the annual assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/26/2025)

227d - Support Plan Medical/Dental

18. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 utilizes a hospital bed and oxygen via nasal cannula. However, the resident's support plan, dated [REDACTED]/25, did not include these supports.

Resident #8 utilizes a Wanderguard. However, resident #8's support plan, dated [REDACTED]/24, did not include the use of this device.

The assessment for resident #9, dated [REDACTED]/25, indicated the resident has a need for an assist bar on the resident's bed to aid in bed mobility. The resident's support plan, dated 1/6/25 did not reflect the intended use and any risks associated with the use of the assist bar, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used nor whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/18/2025 by the Director of Health and Wellness or Designee to to correct all identified support plans.

To enhance the currently compliant operations:

227d - Support Plan Medical/Dental (continued)

1. on 08/15/2025 the Administrator or Designee will shall re-educate all staff who complete support plans on the requirement of 227d, with an overall completion date of 08/31/2025.
2. on 08/20/2025 the Director of health and wellness or Designee will review all resident support plans for accuracy and any needed corrections or additions will be completed. Documentation of this audit shall be kept, with an overall completion date of 08/31/2025.
3. on 08/20/2025 the Director of health and wellness or Designee will facilitate a bi-weekly meeting to discuss any observed or documented change in resident condition. Any resident due for their annual support plan will also be discussed. A new support plan or addendum will be created and implemented following the meeting for any residents who require additional care or service. Documentation of this collaborative meeting shall be kept, with an overall completion date of 08/31/2025.

The overall completion date is 08/31/2025.

Effective 08/31/2025 the Administrator will perform monthly checks of the meeting minutes through 11/01/2025 to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [redacted] - 11/03/2025)

252 - Record Content

19. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident #10's record did not include the resident's death certificate.

Plan of Correction

Accept [redacted] - 08/12/2025)

In response to the violation on 07/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/10/2025 by the Director of Health and Wellness to obtain the resident's death certificate. It was ascertained on 7/10/25.

To enhance the currently compliant operations:

1. on 08/15/2025 the Administrator or Designee will re-educate all staff who are responsible for managing resident records on the requirements of regulation 252. Documentation of this training shall be kept, with an overall completion date of 08/31/2025.
2. on 08/15/2025 the Director of Health and Wellness or Designee will audit the files for all residents who passed away in the home since 1/1/2025 to ensure a copy of their death certificate was received, with an overall completion date of 08/31/2025.
3. on 07/09/2025 the Director of Health and Wellness or Designee will be responsible for contacting the appropriate party to secure a copy of the certificate of death. The file cannot be archived until it is received,

252 - Record Content (continued)

with an overall completion date of 08/31/2025.

The overall completion date is 08/31/2025.

Effective 08/31/2025 the Administrator will perform monthly audits through 11/01/2025 to maintain ongoing compliance with ensuring each resident's record includes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/26/2025)

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]

Legal Entity

Name: HAVEN AT SPRINGWOOD OPCO LLC
 Address: 2321 FREEDOM WAY, YORK, PA, 17402
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/20/2004 Issued By: Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 129 Waking Staff: 97

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 09/11/2025

Inspection Dates and Department Representative

09/10/2025 - On-Site: [REDACTED]
 09/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 123 Residents Served: 105

Secured Dementia Care Unit
 In Home: Yes Area: Beacon Capacity: 13 Residents Served: 12

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 105
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 24 Have Physical Disability: 1

Inspections / Reviews

09/10/2025 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/10/2025

10/10/2025 - POC Submission
 Submitted By: [REDACTED] in Date Submitted: 11/03/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/03/2025

Inspections / Reviews (*continued*)

11/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #1 had two medical evaluations completed [redacted] 24 which are both signed by the physician on [redacted] /24, indicating inconsistent dietary needs and body positioning/movement needs.

Repeated Violation - 9/10/24, et al

Plan of Correction

Accept [redacted] - 10/10/2025)

In response to the violation on 09/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/15/2025 by the Director of Health & Wellness to reconcile the 2 medical evaluations, with input from resident #1's physician, to ensure the accuracy of the information. The corrected DME was marked as reviewed and placed in the resident's record.

To enhance the currently compliant operations:

- 1. on 10/07/2025 the Director of Health & Wellness will ensure the Medical Evaluation for resident #1 is completed by the responsible physician, with a completion date of 10/07/2025.
- 2. on 10/1/2025 the Administrator or designee will provide training to wellness leaders responsible for the completion of the DME on the regulatory requirements of 2600.141b1, with a completion date of 10/31/2025.
- 3. on 10/01/2025 the Director of Health & Wellness or Designee will in lieu of an initial audit, complete new DMEs for all residents over a 90-day period to establish baseline accuracy. 33% of all DMEs will be completed no later than 10/31/2025. The remaining DMEs will be completed no later than 12/31/2025. To ensure ongoing compliance, the Director of Health & Wellness or Designee will then complete 10 annually required DMEs per month. This will redistribute the due dates across a 12-month period to allow sufficient time to complete, review and correct, if applicable, new DMEs, with a completion date of 10/31/2025.

The overall completion date for 33% of all DMEs is 10/31/2025.

Effective 10/31/2025 the Administrator or Designee will perform monthly reviews of the DME completed each retrospective month through 03/31/2026 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/03/2025)

183e - Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (continued)

Description of Violation

On 9/10/25, a bottle of Milk of Magnesia prescribed for resident #2 was stored in ■■■■■ home's first floor medication cart; however, the medication had an expiration date of 8/2025.

On 9/10/25 at 11:01AM, the Ozempic pen prescribed for resident #3 was not labeled with the date the pen was opened.

Repeated Violation - 12/10/24, 9/10/24, et al

Plan of Correction

Accept ■■■■■ - 10/10/2025)

In response to the violation on 09/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/10/2025 by the Director of Health & Wellness or Designee to destroy the PRN Milk of Magnesia medication in accordance with FDA guidelines.
2. on 09/10/2025 by the Director of Health & Wellness or Designee to label resident #3's Ozempic with the date it was opened.
3. on 09/15/2025 by the Director of Health & Wellness or Designee to conduct an immediate audit of all medication carts to check for expired medications and that all open medications are properly labeled according to the home's policies, manufacturer's instructions, and these regulatory requirements.

To enhance the currently compliant operations:

1. on 10/01/2025 the Director of Health & Wellness or Designee will conduct an ongoing, weekly audit of all medication carts to check for expired medications and that all open medications are properly labeled according to the home's policies, manufacturer's instructions, and these regulatory requirements. This will be completed weekly for a 30-day period, then bi-weekly for an additional 30-day period. Documentation of this audit shall be kept, with a completion date of 10/31/2025.
2. starting on 10/01/2025 the Director of Health & Wellness or Designee will conduct re-education for all staff who administer medication. The med techs shall receive a refresher training on effective practice for labeling medication, checking for expiration dates, pharmacy labels to orders and late documentation. Following the initial training, continuous refreshers will be complete every three months for a 1-year period. Initial training will be conducted with a completion date of 10/31/2025.

The overall completion date is 10/31/2025.

Effective 10/31/2025 the Administrator or Designee will perform monthly checks of audit completion through 11/30/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ■■■■■ - 11/03/2025)

184a - Resident's Meds Labeled

3. Requirements

184a - Resident's Meds Labeled (continued)

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

*The pharmacy label for resident #4's Lantus Solostar injection did not include the current instructions for administration. The current physician's orders included instructions to inject 28 units subcutaneously at bedtime; however, the pharmacy label indicated instructions to inject 24 units subcutaneously at bedtime *do not mix with other insulins*.*

Repeated Violation – 12/10/24, 9/10/24, et al

Plan of Correction

Accepted (████ - 10/10/2025)

In response to the violation on 09/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 09/11/2025 by the Director of Health & Wellness or Designee to correct the label in order to ensure the original container for the prescription medication was labeled with a pharmacy label that includes, per the regulatory requirement detailed in 2600.184.a.4., the prescribed dosage and instructions for administration.*
- 2. on 09/15/2025 by the Director of Health & Wellness or Designee to to conduct an immediate audit of all medication carts to check for the accuracy of medications labeled according to the home's policies, manufacturer's instructions, and these regulatory requirements.*

To enhance the currently compliant operations:

- 1. on 10/01/2025 the Director of Health & Wellness or Designee will conduct an ongoing, weekly audit of all medication carts to check for the accuracy of medications labeled according to the home's policies, manufacturer's instructions, and these regulatory requirements. This will be completed weekly for a 30-day period, then bi-weekly for an additional 30-day period. Documentation of this audit shall be kept, with a completion date of 10/31/2025.*
- 2. on 10/01/2025 the Director of Health & Wellness or Designee will conduct re-education for all staff who administer medication. The med techs shall receive a refresher training on effective practice for labeling medication, checking for expiration dates, accuracy of pharmacy labels to orders and late documentation. Following the initial training, continuous refreshers will be complete every three months for a 1-year period. Initial training will be conducted, with a completion date of 10/31/2025.*

The overall completion date is 10/31/2025.

Effective 10/31/2025 the Administrator or Designee will perform monthly checks of audit completion through 11/30/2025 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the prescribed dosage and instructions for administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (████ - 11/03/2025)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 was prescribed Trulicity inject 0.5mL subcutaneously weekly on Wednesday. The resident's September 2025 Medication Administration Record, printed on 9/10/25 after 9:40 AM, did not include the initials of the staff person who administered Trulicity on 9/10/25 at 8:00AM.

Plan of Correction

Accept [redacted] - 10/10/2025)

In response to the violation on 09/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 09/10/2025 by the LPN to document the medication as given timely on the MAR at approximately 10:30am.
- 2. on 09/15/2025 by the Director of Health & Wellness or Designee to conduct an immediate audit of all MARs to check for missing or late documentation of medications administered.

To enhance the currently compliant operations:

- 1. on 10/01/2025 the Director of Health & Wellness or Designee will conduct an ongoing, weekly audit of all MARs (one cart per day) to check for missing or late documentation of medications administered according to these regulatory requirements. This will be completed weekly for a 30-day period, then bi-weekly for an additional 30-day period. Documentation of this audit shall be kept, with a completion date of 10/31/2025.
- 2. on 10/01/2025 the Director of Health & Wellness or Designee will conduct re-education for all staff who administer medication. The med techs shall receive a refresher training on effective practice for labeling medication, checking for expiration dates, pharmacy labels to orders and late documentation. Following the initial training, continuous refreshers will be complete every three months for a 1-year period. Initial training will be conducted, with a completion date of 10/31/2025.

The overall completion date is 10/31/2025.

Effective 10/31/2025 the Administrator or Designee will perform monthly checks of completed audits through 11/30/2025 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ([redacted] 11/03/2025)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227d - Support Plan Medical/Dental (*continued*)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #6 utilized a bedside mobility device. The resident's most current assessment and support plan, dated [REDACTED]/25, did not reflect the risks associated with the device, the resident's ability to use the device safely, nor if a cover is required.

Resident #7 utilized a bedside mobility device. The resident's most current assessment and support plan, dated [REDACTED] 25, did not reflect the specific need for the device, any risks associated, the resident's ability to use the device safely, nor if a cover is required.

Resident #8 utilized a bedside mobility device. The resident's most current assessment and support plan, dated [REDACTED]/25, did not reflect the risks associated with the device, the resident's ability to use the device safely, nor if a cover is required.

Resident #9 utilized a bedside mobility device. The resident's most current assessment and support plan, dated [REDACTED]/25, did not reflect the specific need for the device, any risks associated, the resident's ability to use the device safely, nor if a cover is required.

Plan of Correction

Accept [REDACTED] - 10/10/2025)

In response to the violation on 09/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/19/2025 by the Director of Health & Wellness or Designee to correct RASPs for resident #6, resident #7, resident #8, and resident #9 to include required information on each resident's bedside mobility device.
2. on 09/30/2025 by the Housekeeping Supervisor or Designee to inspect each room for bedside mobility devices to ensure the accuracy of the roster of this device need.

To enhance the currently compliant operations:

1. on 09/15/2025 the Director of Health & Wellness or Designee will review and correct all RASPs reflecting all required information for bedside mobility devices based on the results of the initial room inspection findings, with a completion date of 10/31/2025.
2. on 10/01/2025 the Administrator or Designee will conduct re-education to wellness leadership responsible for the development of the RASPs to specifically address information required for bedside mobility devices, with a completion date of 10/31/2025.
3. on 10/01/2025 the Housekeeping Supervisor or Designee will conduct monthly room inspections to ensure accuracy of bedside mobility roster for a period of 3 months, with an initial completion date of 10/31/2025.
4. on 10/31/2025 the Director of Health and Wellness or Designee will review and correct all RASPs reflecting all required information for bedside mobility devices based on the results of the monthly room inspection findings for a period of 3 months, with a completion date of 10/31/2025.

The overall completion date is for the initial mobility reconciliation of the RASP compared to room inspection is 10/31/2025.

227d - Support Plan Medical/Dental (continued)

Effective 10/31/2025 the Administrator or Designee will perform monthly checks of completed inspections for a period of 3 months through 12/31/2025 to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] - 11/03/2025)