

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

April 22, 2026

[REDACTED]
HAVEN AT SPRINGWOOD OPCO LLC
[REDACTED]
[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 01/29/2026 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: 11/04/2026
 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: 01/20/2004 Issued By: Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 123 Waking Staff: 92

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/06/2026

Inspection Dates and Department Representative

01/29/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 123 Residents Served: 100
 Secured Dementia Care Unit
 In Home: Yes Area: Beacon Capacity: 13 Residents Served: 11
 Hospice
 Current Residents: 6
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 100
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

01/29/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/27/2026

03/25/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/03/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/03/2026

Inspections / Reviews *(continued)*

04/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On [REDACTED] at 10:15am, an agent of the Department requested access to the incident reports for 2025 and 2026. Staff Member A did not provide this documentation.

On [REDACTED] at 12:15pm, 1:30pm, 2:30pm, and 3:36pm, an agent of the Department requested access to Resident [REDACTED]'s record, to include all documentation completed for the resident, the November 2025 Medication Administration Record, medical evaluation, preadmission screening form, assessments and support plans, medical evaluation, hospice records, medical appointments and medication orders, along with dietary changes, the home has completed for resident [REDACTED] from the date of admission to date of death. Staff person A provided the preadmission screening form, medical evaluation, assessment and support plan and diet order changes at 4:08pm.

On [REDACTED], at 2:30pm and 4:00pm, an agent of the Department requested access to Resident [REDACTED]'s medication intake and delivery records as the home indicates it is their practice to document incoming medications into the home and keep this record. This information was not provided.

On [REDACTED], at 4:00pm, an agent of the Department requested access to Resident [REDACTED]'s medication administration records from July 2025 through September 2025. The home only produced records for half of September and reports they currently don't have access to July, August, and the first two weeks of September.

On [REDACTED], at 6:00pm, an agent of the Department requested access to the home's medication administration policy. On [REDACTED] at 1:02pm the medication services policy was provided via email by Staff Member A.

Plan of Correction

Accept [REDACTED] - 03/25/2026)

In response to the violation on 01/29/2026 by the Pennsylvania Bureau of Human Service Licensing, although there was no refusal or intent to withhold or delay access to records, immediate action was taken on 01/30/2026 by the Administrator to review the observations noted by the inspectors with the departmental leadership team and provide education on the requirement of this regulation to provide immediate access to the home, residents and records to agents of the Department, upon request.

To enhance the currently compliant operations:

1. on 03/03/2026 the Administrator or Designee will compile a comprehensive list of frequently requested documents. These documents will be consolidated into a single file or binder for increased accessibility, with a completion date of 03/03/2026.
2. on 03/03/2026 the Administrator or Designee, once the documents are compiled, will audit bi-weekly for a one month period to ensure all items are present in the binder or file, with a completion date of 03/31/2026.

The overall completion date is 03/31/2026.

5a1 - DHS Access (continued)

Effective 04/01/2026 the Administrator or Designee will perform monthly checks of the comprehensive binder to ensure frequently requested documents are present for a 3-month period, through 06/30/2026 to maintain ongoing support of compliance with providing, upon request, immediate access to the home, the residents and records to agents of the Department. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (██████) - 04/22/2026)

100b - Removal Snow/Obstructions

2. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On ████████ at 9:10am, there was an approximate 6-inch accumulation of snow and ice observed at the exit from the main dining room.

On ████████ at 9:12am, there was an approximate 6-inch accumulation of snow and ice observed covering the deck and the ramp at the exit on the other side of the dining room.

Plan of Correction

Accept (██████) - 03/25/2026)

In response to the violation on ████████ by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/29/2026 by the Director of Facilities to clear snow accumulation in the areas observed by the inspectors. This was completed within an hour of the observation being reported and evidence of the snow being cleared was shared with the inspectors on-site. Additionally, on 01/29/2026, action was immediately taken by the Director of Facilities to contact the snow removal company to inform them of the concern and to review the requirements of regulations 2600.100b and 2600.121a and the need to adhere to these areas as it pertains to snow and ice removal/maintenance and unobstructed egress.

To enhance the currently compliant operations:

1. on 02/27/2026 the Director of Facilities provided formal education to the vendor responsible for snow removal of the community's property on the contents of this regulatory requirement. Acknowledgment of education and adherence to the need to ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes (where applicable) was ascertained and completed on 02/27/2026.
2. on or about 03/11/2026 the Director of Facilities or Designee will develop a checklist and indicate on a property map all required areas of snow removal. This tool will be implemented no later than 03/16/2026 and utilized, as needed, to ensure that the required areas are monitored during snow events resulting in accumulation or ice, with a completion date of 03/16/2026.

The overall completion date is 03/16/2026.

100b Removal Snow/Obstructions (continued)

Effective 03/16/2026 the Administrator or Designee will perform monthly reviews of any checklists utilized for snow events during that respective month, through 04/30/2026 to maintain ongoing compliance with ensuring that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented [redacted] - 04/22/2026)

121a - Unobstructed Egress

3. 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 9:10am, the egress in the home's main dining room was observed blocked by snow and ice blocking both doors and a patio chair blocking the left side of the dining room door, preventing egress from either side.

On [redacted] at 9:12am, the egress door outside of the dining room could not be opened as the door was blocked by snow and ice.

Plan of Correction

Accept [redacted] - 03/25/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/29/2026 by the Director of Facilities to clear snow accumulation in the areas observed by the inspectors. This was completed within an hour of the observation being reported and evidence of the snow being cleared was shared with the inspectors on site. Additionally, on 01/29/2026, action was immediately taken by the Director of Facilities to contact the snow removal company to inform them of the concern and to review the requirements of regulations 2600.100b and 2600.121a and the need to adhere to these areas as it pertains to snow and ice removal/maintenance and unobstructed egress.

To enhance the currently compliant operations:

1. on 02/27/2026 the Director of Facilities provided formal education to the vendor responsible for snow removal of the community's property on the contents of this regulatory requirement. Acknowledgment of education and adherence to the need to ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes (where applicable) was ascertained and completed on 02/27/2026.
2. on or about 03/11/2026 the Director of Facilities will develop a checklist and indicate on a property map all required areas of snow removal. This tool will be implemented no later than 03/16/2026 and utilized, as needed, to ensure that the required areas are monitored during snow events resulting in accumulation or ice, with a completion date of 03/16/2026, with a completion date of 03/16/2026.

The overall completion date is 03/16/2026.

121a Unobstructed Egress (continued)

Effective 03/16/2026 the Administrator or Designee will perform monthly reviews of any checklists utilized for snow events during that respective month, through 04/30/2026 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented [redacted] - 04/22/2026)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

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 evaluations dated [redacted] and [redacted] do not include the Medical Diagnoses Physical/Mental, Medical Information Pertinent to The Diagnoses and Treatment, if Applicable and the Medication Addendum. The list of medications was not attached to the medical evaluations.

Resident [redacted] annual medical evaluation dated [redacted] does not include the Medical Diagnoses Physical/Mental or a list of medications and treatments that coincides with the date of the medical evaluation.

Plan of Correction

Accept [redacted] - 03/25/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/02/2026 by the Director of Health and Wellness to ensure complete and accurate DMEs were ascertained for Resident [redacted] and Resident [redacted] to include all attachments with diagnoses and medication information and added to the residents' records. Attachments were with resident record, however they were not maintained with/affixed to the DME. This was corrected.

To enhance the currently compliant operations:

1. starting on 03/11/2026 the Director of Health and Wellness or Designee will provide training to all applicable team members responsible for chart filing or other handling of the medical evaluation on the requirements of this regulation, specifically on the need to maintain physician's attachments with the evaluation at all times,

141a 1-10 Medical Evaluation Information (continued)

with a completion date of 03/28/2026.

- 2. starting on 03/01/2026 the Director of Health and Wellness or Designee will Complete an audit of all current DMEs to ensure all attachments are present and attached to the document as indicated in the information fields of the form. Any deficiencies as a result of this audit will be corrected by no later than 03/31/2026, with an overall completion date of 03/31/2026.

The overall completion date is 03/31/2026.

Effective 04/01/2026 the Administrator or Designee will perform weekly checks of 3 DMEs included in the audit results and documented corrections to verify overall accuracy of audit, through 04/30/2026 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 reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [redacted] - 04/22/2026)

184a - Resident's Meds Labeled

5. Requirements

2600.

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

Description of Violation

The pharmacy label for resident [redacted]'s [redacted] and [redacted] does not include the resident's full name, the date the prescription was issued, or the prescribed dosage and instructions for administration, as that part of the pharmacy was ripped off.

Repeated Violation, [redacted] et al

Plan of Correction

Accept [redacted] - 03/25/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/30/2026 by the Director of Health and Wellness to correct the pharmacy label that was partially torn on Resident [redacted]'s bottled medications.

To enhance the currently compliant operations:

- 1. on 02/16/2026 the Director of health and wellness or Designee will complete an initial audit of all bottled medication to ensure the pharmacy labels are intact and complete per the requirements of this regulation. Any deficiencies as a result of this audit will be corrected by 03/01/2026.

184a - Resident's Meds Labeled (continued)

2. on 03/01/2026 the Director of health and wellness or designee will, monthly for a total of 3 months to include the initial month, complete an audit on the bottled medication to ensure pharmacy labels are intact and complete per the requirements of this regulation. Any deficiencies identified as a result of this audit will be corrected within 10 business days of the finding, with a completion date of 04/01/2026.

The overall completion date is 04/01/2026.

Effective 03/01/2026 the Administrator or Designee will perform monthly checks to ensure completion of the monthly bottled medication label audits, through 04/30/2026 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that 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: 04/01/2026

Implemented (redacted) - 04/22/2026)

185a - Implement Storage Procedures

6. 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), the VA pharmacy reported that a 90-day supply of (redacted) was filled on (redacted) for Resident (redacted). However, the home requested an order of (redacted) for Resident #7 from their in-house pharmacy, thereby charging the resident for this service, on (redacted) and (redacted) resulting in 17 additional doses of the medication. The home reports they did not have the medication in the home even though a 90-day supply was filled on (redacted). In addition, per staff interviews, the home's policy is to document and record all medications being delivered to the home and to keep a record of the invoice. The home did not have any records of invoices detailing medications delivered to the home for Resident (redacted).

On (redacted) the overflow medication area in the medication room contained a blue basket with resident medications that were not stored in the designated labeled areas for their overflow medications which include:

- (redacted)
- (redacted)
- (redacted)
- (redacted)
- (redacted)

Plan of Correction

Accept (redacted) - 03/25/2026)

In response to the violation on (redacted) by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/30/2026 by the Lead Medication Technician to organize the overflow medication area to ensure proper storage of the medications noted in the inspector's observation.

To enhance the currently compliant operations:

185a Implement Storage Procedures (continued)

1. on 02/23/2026 the Director of health and wellness or Designee will maintain records of resident medication delivery in a centrally stored location for adherence to the home's policy, with a completion date of 02/28/2026.
2. on 03/11/2026 the Director of Health and Wellness or Designee will provide education and training to all medication technicians responsible for the handling of medication acceptances on process for maintaining resident medication delivery records as required by this regulation. This training is scheduled starting on 03/11/2026 and will be completed by all required participants by no later than 03/31/2026, with a completion date of 03/31/2026.

The overall completion date is 03/31/2026.

Effective 03/01/2026 the Administrator or Designee will perform monthly reviews of resident medication delivery records maintained, through 05/01/2026 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 reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [REDACTED] - 04/22/2026)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] Orally every 4 hours around the clock for pain/shortness of breath.

- On [REDACTED] this medication was administered to Resident [REDACTED] at 11:31am, 5:30pm, and 8:09pm. (Administered 2 Hours 59 Minutes Late, and 1 hour, 51 minutes early). 12 4 8 Admin times
- On [REDACTED] this medication was administered to Resident [REDACTED] at 11:35am, 5:44 pm, and 7:05 pm.

Plan of Correction

Accept [REDACTED] - 03/25/2026)

In response to the violation on 01/29/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/04/2026 by the Director of health and wellness to provide counseling and education to the med tech responsible for the error as noted in the inspector observation.

To enhance the currently compliant operations:

1. on 02/27/2026 the Director of health and wellness or designee will provide education and consult with the

187d - Follow Prescriber's Orders (continued)

pharmacy provider on the setting parameters for medications that are prescribed at specific intervals to prevent the hour before and hour after administration time windows to be available. Additionally, the DHW or designee will consult with the hospice providers to allow for lengthier windows of medication administration as approved by prescribers. Opportunities for education and consultation are scheduled to begin on 02/27/2026, but will be completed with all parties by no later than 03/31/2026, with a completion date of 03/31/2026.

- 2. on 03/11/2026 the Director of health and wellness or Designee will provide education and training to medication technicians on the requirements 2600.187.d, to include the specificity of the administration timing interval requirements of a medication order. This training is schedule to begin on 03/11/2026 and will be completed no later than 03/31/2026, with a completion date of 03/31/2026.

The overall completion date is 03/31/2026.

Effective 03/01/2026 the Administrator or designee will perform monthly reviews of , in consultation with the pharmacy provide, any medication prescribed for specific time intervals, through 04/30/2026 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: 03/31/2026

Implemented [redacted] - 04/22/2026)

251b - Record Entries Legible

8. Requirements

2600.

251.b. The entries in a resident’s record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

A black marker was used on resident [redacted] Medication Administration Record (MAR) dated [redacted] blotting out various lines of information on the MAR.

A black marker was used on resident # [redacted] charting note which only show the note dated [redacted] at 4:00pm.

Plan of Correction

Accept ([redacted] - 03/25/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, although all copies of the aforementioned documents were not not part of the resident's permanent record and the documents were volunteered or redacted to reflect the scope of the request, immediate action was taken on 02/19/2026 by the Administrator to review the Regulatory Compliance Guide and the details of 2600.251.b in the context of the concern observed by the inspectors.

To enhance the currently compliant operations, on 02/19/2026 the Administrator or Designee will review the content of any records provided to the Department in advance. Any records will be unaltered or, alternatively, labelled as "copy" or "redacted" to reflect the scope of the request and to specify that unredacted original documentation does exist as part of the resident's permanent record, with a completion date of 03/31/2026.

251b Record Entries Legible (continued)

Effective 04/01/2026 the Administrator or Designee will perform quarterly reviews of one resident record to verify all entries are unaltered, through 06/30/2026 to maintain ongoing compliance with ensuring the entries in a resident's record are permanent, legible, dated and signed by the staff person making the entry. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [REDACTED] 04/22/2026)