pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **2618 E MARKET STREET OPERATING COMPANY LLC**
LEGAL ENTITY

To operate **AUTUMN HOUSE EAST**
NAME OF FACILITY OR AGENCY

Located at **2618 EAST MARKET STREET, YORK, PA 17402**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **150**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 32**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 30,** **2026** until **December 30,** **2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338231**

ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUNE 30, 2026

[redacted]
2618 E Market Street Operating Company LLC
[redacted]

RE: Autumn House East
2618 East Market Street
York, PA 17402
License/COC #: 33823

[redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on March 23, 2026 of the above facility, the violations specified on the enclosed Licensing Inspection Summaries (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license #33823) dated November 14, 2025 to November 14, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (4); (5) and 55 Pa. Code §20.71(a)(2); (3) ;(4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from JUNE 30, 2026 to DECEMBER 30, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
PH: [redacted]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *AUTUMN HOUSE EAST* **License #**: *33823* **License Expiration**: *11/14/2026*

Address: *2618 EAST MARKET STREET, YORK, PA 17402*

County: *YORK* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *2618 E MARKET STREET OPERATING COMPANY LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *04/27/2024* **Issued By**: *Department of Labor & Industry*

Type: *I 1* **Date**: *08/11/2020* **Issued By**: *Springettsbury Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *164* **Waking Staff**: *123*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *03/23/2026*

Inspection Dates and Department Representative

03/23/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* **Residents Served**: *103*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *103*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *61*

Have Physical Disability: *3*

Inspections / Reviews

03/23/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/18/2026*

05/18/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/09/2026*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/25/2026*

05/26/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/09/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/15/2026*

06/16/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *06/09/2026*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

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 [redacted] at 10:58 AM, Resident [redacted] fell in [redacted] room resulting in a large skin tear on the right elbow. At 11:07 AM, the resident fell a second time, hitting [redacted] head, resulting in a skin tear and bleeding in the back of the head. Then resident was taken to WellSpan emergency room via EMS and was later admitted to the WellSpan York Hospital where the resident was diagnosed with [redacted] due to [redacted] and [redacted] and [redacted] Notes from WellSpan York Hospital stated the resident "does have several [redacted], the worst of which is on [redacted] left lower extremity. [redacted] is likely septic from multiple sources." The hospital notes also stated, "left elbow has a bandage that was crusted and embedded to the skin." The patient ceased to breath on resident [redacted] date of death. The home did not report this incident to the Department.

Repeated Violation - [redacted] et al

Plan of Correction ***Accept [redacted] - 05/26/2026)***

Incident was reported to DHS by the DOW on 5/21/26. Staff directly involved were re-educated on post-fall assessment, wound care, and mandatory reporting requirements by the DOW and the Administrator. Education was done on 3/25/26. DOW to audit all incident reports weekly for 4 weeks, then monthly x 2 months for proper reporting beginning on 5/1/26. Results of audits will be reviewed in Quality Assurance Performance Improvement (QAPI) meetings. Next meeting to be held on 6/1/2026. Any identified compliance issues will result in immediate re-education and corrective action. All staff to be educated on reporting requirements by the Administrator at the staff meeting being held on 5/20/26.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Not Implemented [redacted] - 06/16/2026)

42b Abuse

2. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] Staff Member C, the Wellness Director, completed a preadmission screening assessment on Resident [redacted] who resided in a skilled nursing facility. The preadmission screening form indicates the level of supervision the resident needed was "none" and the mobile needs of the resident were "minimal". The resident's initial medical evaluation, dated [redacted], indicates the resident utilizes a wheelchair and requires a two-person assist. The resident's mobility needs are marked as "moderate" and "dementia diagnosis" was noted for cognitive functioning.

Resident [redacted] was admitted to the home on [redacted] and a proper physical assessment was not completed. During the exit conference on [redacted], Staff Member C and Staff Member D, the Administrator, stated the resident was not

42b Abuse (continued)

assessed for wounds when the resident was admitted to the home. Staff Member C and Staff Member D were asked what the home's process is for assessing for wounds when a resident is admitted to the home. Staff Member C stated residents are assessed for wounds if the resident is coming from a personal residence. However, if the resident is coming from another facility, the home goes by the notes provided by the other facility.

The care notes from the skilled nursing facility were provided to the home during the resident's discharge and indicate the following:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

Staff Member C and Staff Member D confirmed the home received this information, but both staff stated that they believed those notes were just meant for the resident's care while the resident was at the previous facility.

Staff Member A's notes from [redacted] at 10:47 PM read: "Writer was notified by pca that resident had a skin tear on [redacted] right hand. Writer assessed resident hand and cleaned the wound. Did not apply anything to the wound due to resident skin being super thin. Resident also had another wound on the underside of [redacted] right forearm that was wrapped with gauze. unsure if resident had any other wounds. Staff was not aware that resident had wounds/skin tears on [redacted] Facility [redacted] came from stated [redacted] didn't have any. Management aware."

Per a referral issued by the skilled nursing facility on [redacted], the resident was assessed by a physical therapist from Bayada Home Health on [redacted]. The physical therapist observed an open wound to the resident's lower left leg and left knee. As a result, the therapist made an internal referral with Bayada Home Health for wound care. The resident was assessed twice by staff from Bayada Home Health the assessments occurred on [redacted] by an occupational therapist and again on [redacted] by a registered nurse (RN). The visit notes and care plan that resulted from these assessments by Bayada Home Health indicate the following:

- The resident was high risk for hospitalizations.
- The resident had a "history of falls (2 or more falls or any fall with an injury in the past 12 months)".
- The resident had "multiple hospitalizations (2 or more) in the past 6 months".
- The "Safety Measures" for the resident indicated "24 Hour Supervision".

On [redacted] at 10:58 AM, Staff Member B stated Resident [redacted] fell in [redacted] room resulting in a large skin tear on the resident's elbow, which was bleeding heavily. 911 was contacted. Staff Member B stated there was also a bandaged area just below the skin tear. Staff Member B started removing the bandage, but the bandage was imbedded into the resident's skin on [redacted] forearm. Staff Member B started removing the first layer of the bandage when they observed a scabbed over wound which appeared to have been re opened by the resident. Staff Member B stated that once they realized the severity of the wound, they decided not to proceed with removing the remainder of the bandage.

Staff Member B stated that upon discovery of the bandage, [redacted] went to call the supervisor and left the resident unattended. At 11:07 AM, Resident [redacted] fell a second time and hit the back of [redacted] head. This fall resulted in a skin tear and bleeding from the back of the resident's head. The resident was transported to the WellSpan York Hospital emergency room via EMS and was later admitted with a diagnosis of [redacted] with [redacted] due to [redacted] and [redacted] and [redacted]. Notes from WellSpan York Hospital stated the resident "does have several infected skin wounds, the worst of which is on [redacted] left lower extremity. [redacted] is likely septic from multiple sources." The hospital notes also stated, "left elbow has a bandage that was crusted and

42b Abuse (continued)

embedded to the skin." The patient ceased to breath on resident [redacted] date of death. Per WellSpan hospital records, the cause of death was "[redacted] and [redacted]". Notes from Bayada, dated [redacted], stated the reason for the missed visit scheduled for [redacted] was that the resident was "hospitalized with [redacted] on arms."

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

Plan of Correction ***Accept ([redacted] - 05/26/2026)***

All preadmission screenings must now be reviewed and validated against supporting documentation by the Administrator and DOW, from transferring facilities and include direct communication with the discharging facility when discrepancies exist. Reviews began with all any admissions starting 4/1/26. Admissions will not be approved unless the resident's care needs can be safely met. The Administrator and DOW must jointly review high risk admissions (e.g., dementia, mobility impairment, wounds). A mandatory full head to toe assessment, including detailed skin assessment, will be completed immediately upon admission (or within 8 hours). These assessments began on 5/1/26. The Director of Wellness (DOW) will conduct the following audits, 100% of new admissions weekly x 4 weeks, then monthly x 2 months to ensure above steps are being taken. All falls reviewed for 4 weeks, then monthly x 2 months. Audits to begin on 5/1/26. All staff will receive education on admission assessment requirements (including the steps that the Administrator and DOW will be taking), skin integrity and wound care, fall prevention, supervision, documentation standards and accountability by the Administrator at the all staff meeting being held on 5/20/25.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Not Implemented ([redacted] - 06/16/2026)