

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

May 7, 2026

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
GAHC3 YORK PA ALF TRS SUB LLC
[REDACTED]

RE: SENIOR COMMONS AT POWDER
MILL
1775 POWDER MILL ROAD
YORK, PA, 17403
LICENSE/COC#: 33210

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2026, 03/25/2026 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: SENIOR COMMONS AT POWDER MILL **License #:** 33210 **License Expiration:** 05/28/2026
Address: 1775 POWDER MILL ROAD, YORK, PA 17403
County: YORK **Region:** CENTRAL

Administrator

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

Legal Entity

Name: GAHC3 YORK PA ALF TRS SUB LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 07/23/2001 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 151 **Waking Staff:** 113

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/25/2026

Inspection Dates and Department Representative

03/24/2026 On Site: [REDACTED]
03/25/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 166 **Residents Served:** 108

Secured Dementia Care Unit

In Home: Yes **Area:** Arlington and Rosewood **Capacity:** 44 **Residents Served:** 23

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 107
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 43 **Have Physical Disability:** 0

Inspections / Reviews

03/24/2026 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/09/2026

Inspections / Reviews (*continued*)

04/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/14/2026

04/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/04/2026

05/07/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 9/23/16, requires the battery of battery-operated carbon monoxide alarms be labeled with the date of installation and replaced at least once annually. On 3/24/26, the carbon monoxide alarms located in the main dining room and kitchen had labels indicating that the batteries were last changed on 11/12/24.

Plan of Correction

Accept (█) - 04/10/2026

Immediate corrective action: On 3/24/26 the maintenance director removed the batteries dated 11/12/24 from the (2) carbon monoxide detectors that were found to be outdated. The maintenance director installed new batteries in the carbon monoxide detector and dated them 3/24/26. The maintenance director checked all (5) carbon monoxide detectors on 3/24/26. The maintenance director found that (3) of the (5) carbon monoxide detectors had batteries installed within the annual timeline when he audited the carbon monoxide detectors on 3/24/26, and found them to all be dated appropriately.

Additional corrective action: On 4/7/26 the maintenance director was educated by the regional director of operations on the Care Facility Carbon Monoxide Alarms Standards Act. On 3/24/26 the maintenance director scheduled a reminder in the TELS work order platform to replace the carbon monoxide detector batteries on 3/1/27.

Ongoing corrective action: Beginning on 5/1/26, the maintenance director will test the carbon monoxide detectors every 6 months to ensure the devices are working properly. Ongoing compliance will be discussed at quarterly quality assurance meetings, beginning with the Q1. 2026 (January, February, March) review on 4/16/26

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented (█) - 05/04/2026

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home monitors audio through the use of cameras located in the Secure Dementia Care Unit's activity room and the lounge area in the 600-hallway.

Plan of Correction

Accept (█) - 04/13/2026

Immediate corrective action: On 3/24/26 the maintenance director removed the cameras from the Secure Dementia Care Unit's activity room and the lounge area in the 600-hallway.

Additional corrective action: On 4/7/26 the regional director of operations educated the maintenance director on the regulatory guidelines and Heritage Senior Living policies for cameras and recording devices. On 4/9/26, the maintenance director completed an audit of non-common areas to capture where additional cameras are located.

There are no other devices in non-common areas placed by the community. On 4/9/26, three residents were determined to have cameras in their rooms. Those residents signed acknowledgement of the review and compliance with the electronic monitoring and voice controlled device policy when placing their cameras, including that the

42s - Privacy (continued)

devices must not monitor audio.

Ongoing corrective action: As part of a daily walk thru, beginning on 4/1/26, the maintenance director will audit the common areas to ensure there are no cameras in the community common areas. Ongoing compliance will be discussed at quarterly quality assurance meetings, beginning with the Q1. 2026 (January, February, March) review on 4/16/26.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented (█) - 05/04/2026)

86b - Bathroom

3. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom located in resident room 623, does not have an operable window or ventilation fan. The existing bathroom ventilation fan is inoperable and there is no window in the bathroom.

Plan of Correction

Accept (█) - 04/08/2026)

Immediate corrective action: On 3/24/26, the maintenance director repaired the ventilation fan in room 623. The fan now activates when the switch is turned on.

Additional corrective action: The maintenance director will audit all the residents rooms to ensure the ventilation fans in the bathroom are working properly by 4/30/26. The maintenance director will repair any fans that do not work properly during that audit timeframe. Additionally, on 4/7/26, the maintenance director educated the maintenance and housekeeping staff to understand bathrooms must have fans or windows and report immediately any fans that are not working.

Ongoing corrective action: Beginning 5/1/26, the maintenance director will do a 5% monthly audit of resident rooms to ensure the ventilation fans are working properly. The maintenance director will repair any issues found during that audit. Ongoing compliance will be discussed at quarterly quality assurance meetings, beginning with the Q1. 2026 (January, February, March) review on 4/16/26

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█) - 05/04/2026)

225c - Additional Assessment

4. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #1

225c Additional Assessment (continued)

s current assessment was completed on [REDACTED] However, the resident's previous assessment was completed on [REDACTED]

Repeated Violation 4/22/25

Plan of Correction

Accept ([REDACTED] - 04/08/2026)

Immediate corrective action: On 3/24/26, Resident #1's chart was audited by the resident care director to ensure that all of their required documentation was up to date. No additional issues were present during that chart audit.

Additional corrective action: On 4/7/26, the resident care director and memory care director were educated by the regional director of operations on the timing of residents annual support plans and significant changes. By 4/30/26, the resident care director and memory care director will complete an audit of all resident support plans to ensure they are completed within the required timeframe

Ongoing corrective action: Beginning on 5/1/26, a 5% monthly audit of resident support plans will be completed by the resident care director and memory care director to ensure residents care needs are captured in the support plan and completed within the required timeframe. Ongoing compliance will be discussed at quarterly quality assurance meetings, beginning with the Q1. 2026 (January, February, March) review on 4/16/26

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([REDACTED] - 05/04/2026)