

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

May 6, 2026

[REDACTED], CHIEF OPERATING OFFICER
YORK HEALTHCARE OPTIONS, LLC
[REDACTED]
[REDACTED]

RE: THE RESIDENCE AT FITZ FARM
2200 SPRINGWOOD ROAD
YORK, PA, 17403
LICENSE/COC#: 33902

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2026, 03/26/2026 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: THE RESIDENCE AT FITZ FARM License #: 33902 License Expiration: 08/15/2026
 Address: 2200 SPRINGWOOD ROAD, YORK, PA 17403
 County: YORK Region: CENTRAL

Administrator

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

Legal Entity

Name: YORK HEALTHCARE OPTIONS, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 03/13/2023 Issued By: York Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 109 Waking Staff: 82

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 03/26/2026

Inspection Dates and Department Representative

03/25/2026 - On-Site: [REDACTED]
 03/26/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 71

Secured Dementia Care Unit
 In Home: Yes Area: LifeStories Capacity: 24 Residents Served: 19

Hospice
 Current Residents: 8

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 71
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 38 Have Physical Disability: 0

Inspections / Reviews

03/25/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/26/2026

04/29/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/06/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/07/2026

Inspections / Reviews *(continued)*

05/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 2/17/2026, Resident #1 received an order for Clobetasol Propionate 0.05%, apply to affected areas on scalp and back once every other day. Resident #1 only received Clobetasol 0.05% ointment to [REDACTED] head from 2/17/2026 until 2/27/2026. This medication error was discovered by the home on 2/26/2026; however, it was not reported to the Department until 3/10/2026.

Plan of Correction

Accept ([REDACTED]) - 04/29/2026)

On 4/26/26- Reviewed and educated Resident Wellness Director reporting required 24 hours of the incident, and to utilize preliminary reporting during continued follow - up and investigation until completed at which time submit final report to the state. See attachments

4/27/2026- Resident Wellness Director will provide education to staff on all reportable incidents to be sent to the state within 24 hours of the incident occurring. Report to supervisor at time of incident / occurrence. Complete education by May 4th, 2026.

4/27/2026-Resident Wellness Director, or Charge Nurse/ Medication Tech will discuss with the team during daily updates, reporting what may have occurred day before, to include incidents and medication errors.

4/22/2026-Resident # 1 - Clobetasol ointment discontinued by physician, at the request of the resident and family. See attachments

Licensee's Proposed Overall Completion Date: 05/04/2026

Implemented ([REDACTED]) - 05/06/2026)

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 3/26/2026 at 2:23 PM, two 32-oz clear spray bottles located in the housekeeping storage were labeled as "Dawn + water" and "Hillyard Floor & Glass" in black marker.

Plan of Correction

Accept ([REDACTED]) - 04/29/2026)

3/27/2026- All poisonous materials will be stored in proper container, with appropriate manufacturers label. Housekeeping Supervisor attached proper label to spray bottles. See attachments

3/27/2026- Housekeeping Supervisor conducted education session with housekeeping and floor care team. See attached

4/10/2026- Housekeeping Supervisor implemented audit tool for storage and housekeeping carts. See attached.

4/10/2026- Housekeeping Supervisor conducted first weekly audit, weekly audits x 4 weeks, then twice monthly for

82a *Poisonous Materials (continued)*

two months, and monthly thereafter to ensure ongoing compliance. See attached

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented (█ - 05/06/2026)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/26/2026 at 1:40 PM, a tomato with mold was present on the ground in the rear right corner of the home's walk in refrigerator.

Plan of Correction

Accept (█ - 04/29/2026)

Food will be stored properly in the kitchen areas. All food will be stored in crates, on pallets, or plastic trays or in their original container not in contact with the floor.

3/26/2026 Food Service Director removed the tomato during inspection.

3/30/2026 Food Service Director conducted educational session for dining service team. See attached.

3/30/2026 Food Service Director or Executive Chef will check food storage a minimum of 3 times a week to ensure ongoing compliance. See attached

3/30/2026 Dining sanitation staff will sweep and mop dry storage and walk in daily.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented (█ - 05/06/2026)

103c - Food Protected

4. Requirements

2600.

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

Description of Violation

On 3/26/2026 at 1:37 PM, there were two trays of uncovered dough balls stored on a cart in the kitchen.

On 3/26/2026 at 1:45 PM, there were two uncovered ice cream tubs stored in on a cart in the kitchen.

Plan of Correction

Accept (█ - 04/29/2026)

All food will be stored per manufacturer's recommendations. Open Items will be sealed and wrapped or kept in containers or bags intended for food storage.

3/30/2026 Food Service Director provided training and education to dining service team on proper food storage procedures. See attached.

3/30/2026 Food Service Director, Executive Chef will check food storage areas for compliance at a minimum three times weekly. See attached.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented (█ - 05/06/2026)

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:

3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Clobetasol 0.05% ointment, prescribed to Resident #1's, did not have a pharmacy label.

Resident #2 was ordered DynaGinate Cal dressing – apply to [REDACTED] once daily. The pharmacy label for the resident's medication indicated apply to open areas once daily.

Plan of Correction

Accept ([REDACTED] - 04/29/2026)

Resident prescription medications will have pharmacy labels to include information required under regulation 2600, 184a.

4/22/2026- Resident # 1 -Clobetasol ointment discontinued by physician, at the request of the resident and family. See attached.

4/1/2026- Resident # 3- pharmacy updated label, see attached.

4/13/2026- Resident Wellness Director conducted educational session for medication techs, following prescribed orders, medication parameters, medication labels and 5 Rights of Medication administration. See attached.

4/23/2025- Resident Wellness Director or designee will conduct medication audits on 10% of resident in house census 2 times per week for 4 weeks, then weekly for 4 weeks, then 2 times per month for 4 weeks, monthly thereafter to ensure compliance. See attached.

Licensee's Proposed Overall Completion Date: 04/28/2026

Implemented ([REDACTED] - 05/06/2026)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident #1 was prescribed Clobetasol 0.05%, apply topically to affected area on scalp and lower back every other day on 2/17/2026. The resident was not administered the medication as prescribed until 2/27/2026.

Resident #3 is prescribed Carvedilol tab 6.25MG take one tablet by mouth twice daily for HTN; hold if systolic blood pressure < 100 or diastolic blood pressure < 60. The resident's medication was administered on 3/2/2026 at 8:00 PM when the blood pressure reading was 127/59 and on 3/16/2026 at 8:00 PM when the blood pressure reading was 113/55.

Repeated Violation - 11/13/2024, et al

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept (█) - 04/29/2026)

*Staff will follow prescribers orders.**4/22/2026- Resident # 1 - Clobetasol ointment discontinued by physician, at the request of the resident and family. See attached.**3/10/2026- Fitz Farm reported the medication error to Department of Human Services. Copy of the report on file at state office.**3/10/2026- Med Tech caused error for Resident # 1, received re-education, when the report was made to the state. See attached, state also has copies on file submitted when reportable was submitted to the state on 3/10/2026.**3/30/2026- Med Tech caused error for Resident # 3, received re-education. See attached.**4/13/2026- Resident Wellness Director conducted educational session for medication techs on Five Rights medication administration, parameters, pharmacy labels, See attached.**4/23/2026- Resident Wellness Director or designee will conduct medication audits, on residents with parameters, 2 time per week for 4 weeks, once weekly for 4 weeks, 2 times a month for 4 weeks and monthly thereafter. See attached.***Licensee's Proposed Overall Completion Date:** 04/28/2026

Implemented (█) - 05/06/2026)

225c - Additional Assessment

7. 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 assessment, dated █, indicated that the resident is provided with prompting/cueing for bladder and bowel management and standby assistance for safety for any urinary incontinence-related problems and fecal incontinence-related problems. However, Resident #1 wears briefs at all times and requires physical assistance by staff after bowel movements. The resident's assessment has not been updated to reflect the resident's change in need.***Plan of Correction**

Accept (█) - 04/29/2026)

*Resident assessments will be updated to reflect changes in care needs at time of change. Significant changes will result in full completion of Resident Assessment Support Plan in addition to new / updated Documentation of Medical Evaluation per state regulations.**3/26/2026- Resident # 1 Assessment was updated day of inspection to reflect the change. See attached.**4/23/2026- Resident Wellness Director or designee will audit 10% of resident assessments on a monthly basis to ensure current care needs and services are reflected, and to ensure ongoing compliance. See attached.***Licensee's Proposed Overall Completion Date:** 04/28/2026

Implemented (█) - 05/06/2026)