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

June 29, 2026

[redacted]
HAVEN AT SPRINGWOOD OPCO LLC
[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 04/09/2026 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**: *01/01/2004* **Issued By**: *L&I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *144* **Waking Staff**: *108*

## Inspection Information

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

**Reason**: *Complaint* **Exit Conference Date**: *04/28/2026*

## Inspection Dates and Department Representative

*04/09/2026 - On-Site* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *123* **Residents Served**: *120*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *7*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0*

**Are 60 Years of Age or Older**: *120*

**Diagnosed with Mental Illness**: *0*

**Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *24*

**Have Physical Disability**: *0*

## Inspections / Reviews

### 04/09/2026 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/14/2026*

### 05/15/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *06/26/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/26/2026*

## Inspections / Reviews *(continued)*

**06/29/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/26/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Not Required*

## 85a - Sanitary Conditions

**1. Requirements**

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

**Description of Violation**

*On [redacted] at 2:22 PM, Resident [redacted]s bedroom had a strong urine odor.*

*Repeated Violation- [redacted], et al.*

**Plan of Correction** ***Accept [redacted] 05/15/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:*

1. *on 04/09/2026 by the Director Of Facilities to immediately assess resident [redacted]s room for odor source. The room was then clean and deodorized, including flooring, linens, furniture, bathroom surfaces, trash receptacles, and incontinence-related areas.*
2. *on 04/09/2026 by the Director of Health & Wellness to review resident [redacted]s toileting/incontinence care needs with care staff on the shift where the observation occurred.*

*To enhance the currently compliant operations:*

1. *on 04/13/2026 the Director of Health & Wellness and Director of Facilities will jointly identify residents requiring enhanced room checks, with a completion date of 04/13/2026.*
2. *on 05/04/2026 the Director of Health & Wellness, Director of Facilities or Designee will implement a high-risk sanitation rounding process for 5 residents on the identified enhanced room check requirements list, to be completed twice per week for 4 weeks, then once per week for 1 month, with a completion date of 05/29/2026.*
3. *starting on 05/01/2026 the Director of Health & Wellness or Designee will re-educate care staff on requirement of 2600.85a. Training will be completed no later than 6/1/26, with a completion date of 06/01/2026.*

*The overall completion date is 06/26/2026.*

*Effective 05/26/2026 the Administrator or Designee will perform monthly reviews of resident room rounding completed by the DHW, DOF, or designee, through 06/26/2026 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** *06/26/2026*

***Implemented [redacted] - 06/29/2026)***

## 142a - Secure Medical Care

**2. Requirements**

2600.
142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

## 142a Secure Medical Care *(continued)*

**Description of Violation**

*On [redacted] Resident [redacted] was sent to the emergency room for a leg laceration, arriving at 5:02 PM. The resident received an x ray which showed no fractures or dislocations. The leg wound was wrapped with gauze, and the resident was discharged back to the home at 9:35 PM, with an order to use Xeroform and local wound care. Resident [redacted] returned to the emergency room on [redacted] at 11:47 PM due to the wound bleeding through the bandage. This second evaluation resulted in placement of a Clozex device on the wound and an order for Home Health/Visiting Nurse Association (VNA) wound care and "follow up with your primary care doctor early next week to have the leg reevaluated". The home had medication technicians provide care to Resident [redacted]s wound. On [redacted], Resident [redacted]s wound was noted to be black and blue and "nasty looking". Resident [redacted] was not evaluated by a physician until [redacted] and ordered home health for wound care RLE". Home Health care was not provided until after [redacted]*

**Plan of Correction** ***Accept [redacted] - 05/15/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/05/2026 by the Administrator to review the contents of this observation with the Director of Health & Wellness. This resident was discharged from the home at the time of inspection.*

*To enhance the currently compliant operations:*

1. *on 05/12/2026 the Director of Health & Wellness or Designee will develop a new Post ER Follow Up audit tool. This tool will be developed and implemented no later that 05/22/2026, with a completion date of 05/22/2026.*
2. *on 05/22/2026 the Director of Health & Wellness or Designee will implement the Post ER Follow Up audit tool. The tool will verify discharge instructions are received, physician follow up is scheduled (if applicable), 3rd party referrals are initiated (if applicable), RP/POA communication is documented. This tool will be utilized when a resident returns from the Emergency Department for one month, then will be used for 10% sample of total visits for one month, with a completion date of 06/26/2026.*

*The overall completion date is 06/26/2026.*

*Effective 05/25/2026 the Administrator or Designee will perform weekly reviews of Post ER audit tool, through 06/26/2026 to maintain ongoing compliance with assisting each resident with securing medical care if a resident's health status declines, and to document the resident's need for the medical care, including updating the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** *06/26/2026*

***Implemented [redacted] - 06/29/2026)***

## 186b - Medication Used by Resident

**3. Requirements**

2600.
186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

## 186b - Medication Used by Resident *(continued)*

**Description of Violation**

*On [redacted] Resident [redacted] was administered a cup full of medications that were not prescribed to Resident [redacted] Resident [redacted] was evaluated in the emergency department on [redacted] "due to concerns after receiving another resident's medication accidentally". Resident [redacted] experienced "brief period of confusion and felt numb all over".*

**Plan of Correction** ***Accept [redacted] - 05/15/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/29/2026 by the Director of Health & Wellness or Designee to at the time of the suspected medication error on 03/29/26, the following steps were taken: • Medication error was immediately investigated. • Resident [redacted] was assessed and sent for emergency evaluation. • Physician/CRNP, responsible party, and pharmacy were notified as applicable. • Medication error report was completed. • Staff involved were removed from medication administration pending review, re-education, and competency validation.*

*To enhance the currently compliant operations:*

1. *on 05/05/2026 the Director of Health & Wellness or Designee will provide re-education to med techs on the Five Rights of Medication Administration, with emphasis on resident identification before administration, with a completion date of 05/22/2026.*
2. *on 05/18/2026 the Director of Health & Wellness or Designee will complete medication pass observations during 2 medication administration opportunities per week for 4 weeks, then once per week for 4 weeks, with a completion date of 07/06/2026.*

*The overall completion date is 06/26/2026.*

*Effective 05/18/2026 the Administrator or Designee will perform weekly reviews of medication pass observations documented, through 06/26/2026 to maintain ongoing compliance with ensuring prescription medications must be used only by the resident for whom the prescription was prescribed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** *06/26/2026*

***Implemented [redacted] 06/29/2026)***

## 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 [redacted]s March 2026 Medication Administration Record indicated Resident [redacted] was administered [redacted] and [redacted] on [redacted] at 9:00 AM. However, Resident [redacted] was only admitted to the home on 3/25/26 and did not arrive to the residence for admission until 12:00 PM.*

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

*Repeated Violation-[redacted] et al.[redacted] et al.*

**Plan of Correction** ***Accept[redacted] - 05/15/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/09/2026 by the Director of Health & Wellness or Designee to review the observation with staff involved, who received immediate re-education on documenting medications only at the time administered.*

*To enhance the currently compliant operations:*

1. *on 05/18/2026 the Director of Health & Wellness or Designee will complete an audit of 100% of new admissions' Medication Administration Records to verify documentation is accurate to time of administration. This audit will occur weekly for 2 months for applicable new admissions that moved into the home within the week that the audit occurs, with a completion date of 07/06/2026.*
2. *on 05/04/2026 the Director of Health & Wellness or Designee will provide re-education to the med tech staff on the details of regulation 2600.187b and the need to document medication administration accurately according to medication given and time administered, with a completion date of 05/22/2026.*

*The overall completion date is 06/26/2026.*

*Effective 06/01/2026 the Administrator or Designee will perform monthly reviews of the audits completed for new admissions, through 06/26/2026 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:** *06/26/2026*

***Implemented[redacted] - 06/29/2026)***

## 190a - Completion Medication Course

**5. Requirements**

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff Member B has not successfully completed the Department-approved medications administration course. Staff Member B was initially certified in medication administration on 6/21/23. However, Staff Member B did not complete the requirements for the medication administration annual practicum in 2024. Staff Member B administered medications to residents to include the following:*

*- [redacted] to Resident [redacted] on [redacted] at 8:00 PM*
*- [redacted] to Resident [redacted] on [redacted] 6:00 AM*

*Staff Person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:*

*- [redacted] to Resident [redacted] on [redacted] and [redacted] at 6:00 AM*
*- [redacted] to Resident [redacted] on [redacted] and [redacted] at 6:00 AM*

## 190a - Completion Medication Course (continued)

*Staff Person D, has not successfully completed the Department-approved medications administration course as only one Medication Record Review and one Medication Administration Observation was completed for the 2025 medication administration annual practicum. Staff Member D administered medications to residents to include the following:*
*- [redacted] to Resident [redacted] on [redacted], and [redacted] at 6:00 AM*
*- [redacted] to Resident [redacted] on [redacted] at 6:00 AM*

**Plan of Correction** ***Accept [redacted] - 05/15/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2026 by the Medication Administration Trainer to inform the staff members of their inability to administer medications until recertification or remediation can be completed.*

*To enhance the currently compliant operations:*

1. *starting on 05/01/2026 the Medication Administration Trainer will complete, within 30 days, a 100% audit of med tech certification and administration course requirements to ensure the requirements of this regulation are met, with a completion date of 05/31/2026.*
2. *on 05/15/2026 the Business Office Director or Designee will develop and implement a checklist for new hires that are previously certified as medication technicians to ensure all documentation is present to meet the requirements of this regulation. This checklist will be utilized initially for 3 months, with a completion date of 08/15/2026.*

*The overall completion date is 06/26/2026.*

*Effective 05/15/2026 the Administrator or Designee will perform monthly reviews of initial audit and any subsequent new med tech checklists for 3 months, through 08/15/2026 to maintain ongoing compliance with ensuring that A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** *06/26/2026*

***Implemented [redacted] - 06/29/2026)***

## 225c - Additional Assessment

**6. 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 [redacted] s most recent assessment, completed on [redacted] 5, indicated the resident has no personal care needs related to toileting or bladder. However, on [redacted] at 1:40 PM, Resident [redacted] was observed by an agent of the Department in*

## 225c Additional Assessment (continued)

*the hallway of the home zipping up [redacted] pants. When the resident walked away a puddle of urine was discovered on the floor. Staff Member A reported that Resident [redacted] has declined and has incontinence needs. The assessment for Resident [redacted] was not updated to reflect these changes.*

*Resident [redacted]s most recent assessment, completed [redacted], indicated the resident has no personal care needs related to toileting, bladder, or bowel. However, Resident [redacted] is enrolled in the home's Incontinence Program.*

*Repeated Violation [redacted], et al.*

**Plan of Correction** ***Accept [redacted] - 05/15/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2026 by the Director of Health & Wellness or Designee to reassess resident [redacted] and [redacted] for toileting, bladder, bowel, and incontinence needs. The Resident Assessment and Support Plans were updated to reflect current care needs accordingly.*

*To enhance the currently compliant operations:*

1. *on 05/04/2026 the Director of Health & Wellness or Designee will complete an initial audit of residents on the incontinence program to ensure RASP matches current needs, with a completion date of 05/15/2026.*
2. *on 05/18/2026 the Director of Health & Wellness or Designee will complete an audit of RASPs for 5 residents monthly for 3 months, with a completion date of 08/18/2026.*

*The overall completion date is 06/26/2026.*

*Effective 06/18/2026 the Administrator or Designee will perform monthly reviews of RASP audit records for 3 months, through 09/18/2026 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:** *06/26/2026*

***Implemented [redacted] - 06/29/2026)***

## 227d - Support Plan Medical/Dental

**7. 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 [redacted] is prescribed oxygen 24 hours a day at a flow rate of 2 LPM. Resident [redacted] utilizes an oxygen concentrator while in [redacted] room and portable oxygen when outside of the room. The support plan for Resident [redacted] dated [redacted], does not include this support.*

*Resident [redacted]s medical evaluation, dated [redacted] indicated a diagnosis of Dependence on [redacted]. Resident [redacted]*

## 227d Support Plan Medical/Dental (continued)

*attends dialysis appointments three times a week and the home assists with transporting Resident [redacted] to these appointments twice a week. The support plan for Resident [redacted] dated [redacted] does not include this support.*

*Repeated Violation [redacted], et al., [redacted] et al.*

**Plan of Correction** ***Accept [redacted] - 05/15/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2026 by the Director of Health & Wellness or Designee to review for accuracy the RASP for resident [redacted] The Resident Assessment and Support Plans were updated to reflect current care and support needs accordingly.*
*To enhance the currently compliant operations:*
*on 05/04/2026 the Director of Health & Wellness or Designee will complete an initial audit of residents with oxygen needs to ensure RASP matches current needs, with a completion date of 05/15/2026.*
*on 05/18/2026 the Director of Health & Wellness or Designee will complete an audit of RASPs for 5 residents monthly for 3 months, with a completion date of 08/18/2026.*
*The overall completion date is 06/26/2026.*
*Effective 06/18/2026 the Administrator or Designee will perform monthly reviews of RASP audit records for 3 months, through 09/18/2026 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:** *06/26/2026*

***Implemented [redacted] - 06/29/2026)***

## 227g -Support Plan Signatures

**8. Requirements**

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*Staff Member E assessed Resident [redacted] and completed the support plan dated [redacted] However, Staff Member E did not sign the support plan.*

*The support plan for Resident [redacted] dated [redacted] is not signed by the resident and the home did not make a notation regarding the resident's refusal or inability to sign.*

*The support plan for Resident [redacted] dated [redacted], is not signed by the resident and the home did not make a notation regarding the resident's refusal or inability to sign.*

*The support plan for Resident [redacted] dated [redacted], is not signed by the resident and the home did not make a notation regarding the resident's refusal or inability to sign.*

*The support plan for Resident [redacted] dated [redacted] is not signed by the resident and the home did not make a notation regarding the resident's refusal or inability to sign.*

## 227g -Support Plan Signatures (continued)

*The support plan for Resident [redacted] dated [redacted], is not signed by the resident and the home did not make a notation regarding the resident's refusal or inability to sign.*

**Plan of Correction** ***Accept ([redacted] 05/15/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2026 by the Director of Health & Wellness or Designee to obtain missing signatures, where possible. If a resident was unable or declined to sign, notation was added documenting refusal or inability.*

*To enhance the currently compliant operations:*

1. *on 04/15/2026 the Director of Health & Wellness or Designee will complete within 30 days an initial audit of RASPs to confirm all required signatures or alternate documentation of refusal or inability to sign are present. Any missing signatures will be obtained or documentation of refusal or inability to sign will be added where applicable, with a completion date of 05/15/2026.*
2. *on 05/18/2026 the Director of Health & Wellness or Designee will complete an audit of RASPs completed after 05/15/26 to confirm the requirements of regulation 2600.227(g) are met once per month for 2 months following the initial audit, with a completion date of 07/18/2026.*

*The overall completion date is 06/26/2026.*

*Effective 05/15/2026 the Administrator or Designee will perform monthly reviews of the initial RASP audit and the subsequent monthly audits for 2 months, through 07/15/2026 to maintain ongoing compliance with ensuring individuals, who participate in the development of the support plan, sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** *06/26/2026*

***Implemented [redacted] - 06/29/2026)***

## 233c - Key-Locking Devices

**9. Requirements**

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

*The directions for operating the home's locking mechanism are not conspicuously posted near the gate of the Secure Dementia Care Unit (SDCU) courtyard.*

**Plan of Correction** ***Accept [redacted] - 05/15/2026)***

*In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/09/2026 by the Memory Care Director or Designee to to move the directions, which were posted on a magnet on the keypad, to a more conspicuous location for visibility.*

*To enhance the currently compliant operations, on 04/13/2026 the Memory Care Director or Designee will post additional signage to increase specificity of the directions and highlight the conspicuous location of the directions in the SDCU courtyard. The Memory Care Director of Designee will verify and document the presence of the additional signage once per week for 8 weeks to ensure compliance with this regulation, with a completion date of 06/26/2026.*

## *233c Key Locking Devices (continued)*

*Effective 05/15/2026 the Administrator or Designee will perform monthly reviews of verification of signage presence completed by the Memory Care Director or Designee for 2 months, through 07/15/2026 to maintain ongoing compliance with ensuring that if key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, that directions for their operation are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** *06/26/2026*

***Implemented [redacted] 06/29/2026)***