





Pennsylvania  
**Department of Human Services**

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

[REDACTED]  
2830 CAROL RD OPCO LLC  
[REDACTED]  
[REDACTED]

RE: Amoroso Wellness at York  
2830 Carol Road  
York, PA 17402  
License/COC #: 337792

[REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on February 10, 2026, February 11, 2026, February 24, 2026, March 17, 2026 and May 14, 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 refuses to renew your certificate of compliance License #337791 dated October 24, 2025 to April 24, 2026 and issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND 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 SECOND PROVISIONAL license is enclosed and is valid from APRIL 24, 2026 to OCTOBER 24, 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
42(b)	II	97	\$5	\$485	5 calendar days from the date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

If you disagree with the decision to issue a SECOND 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 SECOND 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, 6<sup>th</sup> 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:



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

**Facility Information**

Name: AMOROSO WELLNESS AT YORK License #: 33779 License Expiration: 04/24/2026  
Address: 2830 CAROL ROAD, YORK, PA 17402  
County: YORK Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: 2830 CAROL RD OPCO LLC  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: 1 1 Date: 02/03/2022 Issued By: Springetts bury township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 134 Waking Staff: 101

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #: 0  
Reason: Renewal, Complaint, Incident, Interim Exit Conference Date: 02/11/2026

**Inspection Dates and Department Representative**

02/10/2026 On Site: [REDACTED]  
02/11/2026 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 125 Residents Served: 100

**Secured Dementia Care Unit**

In Home: Yes Area: Aria Capacity: 20 Residents Served: 19

**Hospice**

Current Residents: 10

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 100  
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 2  
Have Mobility Need: 34 Have Physical Disability: 0

**Inspections / Reviews**

**02/10/2026 - Full**

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 03/08/2026

03/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/10/2026

03/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 03/31/2026

06/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2026

Reviewer: [REDACTED]

Follow Up Type: Enforcement

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 12:14 PM, a laptop containing Resident [redacted] medical information was unlocked, unattended, and accessible on top of the medication cart located in the first-floor hallway.

Plan of Correction

Directed [redacted] - 03/04/2026

Computer was immediately locked out by ED.

Education by ED to be completed with staff on 2/26/26 and 3/26/26.

ADOW or designee to complete computer audits three times per week for a period of one month beginning 3/1/2026.

ADOW will be responsible for ongoing compliance

Directed Completion Date: 03/26/2026

Implemented [redacted] - 06/01/2026

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] at approximately 5:15 PM, Resident [redacted] approached Resident [redacted] and Resident [redacted] who were having an argument in the hallway of the Secured Dementia Care Unit (SDCU). Resident [redacted] placed [redacted] hand on Resident [redacted]s walker. Resident [redacted] "shooed" Resident [redacted] away with [redacted] walker. Then Staff Member A observed Resident [redacted] shove Resident [redacted] into Staff Member B. Staff Member B was able to keep Resident [redacted] from falling to the ground. Resident [redacted] was then taken to another area to avoid further confrontation. As a result of the incident, Resident [redacted] and Resident [redacted] were sent to York Hospital for mental status change.

On [redacted] at approximately 10:30 PM, Staff Member C heard a crash in the SDCU. Upon investigation, Staff Member C observed Staff Member D assessing and questioning Resident [redacted] who was lying on the floor in the TV area next to [redacted] wheelchair. Resident [redacted] reported to staff that Resident [redacted] had picked [redacted] up and thrown [redacted] out of the wheelchair. Resident [redacted] observed the incident and confirmed Resident [redacted]s version of events. As a result of the incident, Resident [redacted] was distraught, screaming about what had happened and reported [redacted] shoulder was sore. Per interview with Staff Member F, Resident [redacted] was "screaming at the top of [redacted] lungs" following the incident. Resident [redacted] was evaluated and provided [redacted]. Resident [redacted] was able to use [redacted] shoulder normally.

On [redacted] at approximately 1:30 PM, Staff Member F heard a [redacted] resident in SDCU scream "Oh my God help, get [redacted] out of my room!" Then Staff Member F observed Resident [redacted] being escorted out of Resident [redacted]s room by [redacted]

**42b - Abuse (continued)**

Staff Member E. Staff Member E later reported that while walking down the hallway of the SDCU, they witnessed Resident [REDACTED] pushing and swinging [REDACTED] fists at Resident [REDACTED] in attempt to enter Resident [REDACTED]'s room. It was reported by Staff Member G, Resident [REDACTED] was yelling, cussing, hitting staff and other residents during this incident. No physical injuries were sustained by either resident.

Repeated Violation - [REDACTED]

**Plan of Correction**

Directed [REDACTED] 03/04/2026)

ED met with POA for resident [REDACTED] on 2/18/2026 and discussed the need for 1:1 sitter during waking hours.

When resident is awake [REDACTED] will be visible to staff in common areas at all times unless accompanied by [REDACTED] hospice staff or designee. This will be documented with hourly checks beginning 3/3/2026 at 10AM until resident either moves out or has had significant decline.

Education will be provided to staff on positive interventions by Heartland Hospice on 3/26/2026.

Monthly Meetings will occur with DOW/ADOW and SDCU staff to review resident behavior beginning 3/26/2026 for a period of three months.

POA met with ED on 2/24/2026 and stated that [REDACTED] would not be able to afford the 1:1 sitter.

ED explained that without that support we are unable to meet resident care needs at this level. 30 day notice was issued on 2/25/2026.

Directed Completion Date: 03/26/2026

Not Implemented [REDACTED] - 06/01/2026)

**85a - Sanitary Conditions****3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On [REDACTED] at approximately 12:40 PM, a pungent odor of urine was detected upon entry into resident room [REDACTED]

**Plan of Correction**

Accepted [REDACTED] - 03/04/2026)

Floor was cleaned and steam mopped by housekeeping on 2/11/2026.

Staff education regarding sanitary conditions was completed by ED at all staff meeting on 2/26/2026 and will be reviewed again on 3/26/2026.

Floor steam cleaning schedule established by DOM for housekeeping staff beginning week of 3/2/2026.

DOM will complete walkthrough weekly beginning 3/6/2026 for a period of one month to ensure schedule is being followed.

Director of Maintenance responsible for ongoing compliance.

## 85a Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 03/26/2026

Not Implemented [REDACTED] - 06/01/2026)

## 132d - Evacuation

## 4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

## Description of Violation

The home has a maximum safe evacuation time of 15 minutes and 00 seconds as specified in writing within the past year by a fire safety expert. However, during the fire drill on [REDACTED] at 4:55 AM, the evacuation time was 22 minutes and 56 seconds.

Repeated Violation [REDACTED], et al

## Plan of Correction

Accept [REDACTED] - 03/04/2026)

ED and DOM reviewed fire drill results on 10/27/2025.

ED and designee spoke with all refusing residents on 10/28/2025 and reviewed handbook rules and participation requirements.

DOM conducted second overnight fire drill on 10/29/2025 which was successful.

Fire drill procedures reviewed at all staff meeting 2/26/2026 and will be reviewed at 3/26/2026 meeting as well.

ED will audit fire drills for a period of three months beginning in 2/1/2026.

DOM responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [REDACTED] - 06/01/2026)

## 132e - Fire Drill Sleeping Hours

## 5. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

## Description of Violation

The last fire drill conducted during sleeping hours was on [REDACTED] at 4:55 AM. The previous sleeping hours fire drill was conducted on [REDACTED] at 2:16 AM.

## Plan of Correction

Accept [REDACTED] - 03/04/2026)

Education conducted by ED with DOM 3/2/2026.

Education provided by ED to staff at all staff meeting 2/26/26 and 3/26/26.

Next overnight fire drill scheduled to meet the 6 month requirement on 4/9/2026.

ED will audit all fire drills for a period of three months beginning 2/1/2026.

**132e - Fire Drill Sleeping Hours (continued)**

DOM responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/26/2026

Not Implemented [REDACTED] - 06/01/2026)

**132h - Designated Meeting Place****6. Requirements**

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**Description of Violation**

During the fire drill on [REDACTED] at 4:55 AM, there were 96 residents in the home. However, only 90 residents evacuated.

Repeated Violation - [REDACTED] et al

**Plan of Correction**

Accepted [REDACTED] 03/04/2026)

ED and DOM reviewed fire drill results on 10/27/2025.

ED and designee spoke with all refusing residents on 10/28/2025 and reviewed handbook rules and participation requirements.

DOM conducted second overnight fire drill on 10/29/2025 which was successful.

Fire drill procedures reviewed at all staff meeting 2/26/2026 and will be reviewed at 3/26/2026 meeting as well.

ED will audit fire drills for a period of three months beginning 2/1/2026.

DOM responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [REDACTED] - 06/01/2026)

**141a - Medical Evaluation****7. 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.

**Description of Violation**

Resident [REDACTED] was admitted to the home on [REDACTED]. However, the resident's initial medical evaluation was completed on [REDACTED].

141a - Medical Evaluation (continued)

Plan of Correction

Accept [redacted] - 03/04/2026)

Education conducted by ED with Director of Community Relations 3/2/2026.

Audit of all current resident DME's to be completed by 3/31/2026 by DOCR or designee.

DOW and ADOW will audit all new DME dates beginning 3/1/2026 for a period of two months.

DOCR responsible for ongoing compliance.

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

Not Implemented [redacted] - 06/01/2026)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], [redacted] prescribed for Resident [redacted], was in the home's medication cart; however, this medication was discontinued on [redacted]

Plan of Correction

Accept [redacted] - 03/04/2026)

Education will be provided to all med techs by DOW on 3/26/2026.

D/C meds removed from cart by DOW on 2/10/2026.

Med cart audits to be completed monthly by shift coordinators.

DOW or ADOW to review audits for completion and accuracy.

This is to continue for a period of three months beginning 2/10/2026.

DOW and ADOW will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/26/2026

Not Implemented [redacted] - 06/01/2026)

184a - Resident's Meds Labeled

9. Requirements

2600.

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

- 1. The resident's name.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for Resident [redacted] s [redacted] pen does not include the resident's name, the date the prescription was issued, the prescribed dosage and instructions for administration.

Repeated Violation - [redacted], et al

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept [REDACTED] - 03/04/2026)

Education will be provided to all med techs by DOW on 3/26/2026.  
Unlabeled meds were correctly labeled by DOW on 2/10/2026.  
Med cart audits to be completed monthly by shift coordinators.  
DOW or ADOW to review audits for completion and accuracy.  
This is to continue for a period of three months beginning 2/10/2026.  
DOW and ADOW will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/26/2026

Not Implemented [REDACTED] - 06/01/2026)

185a - Implement Storage Procedures

10. 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

Resident [REDACTED] is prescribed blood sugar checks three times per day with the resident's insulin that has a sliding scale order. The following are discrepancies between the blood sugar readings on the resident's glucometer and the documented blood sugar readings on the resident's medication administration record (MAR):

- On [REDACTED] at 12:00 pm, the documented blood sugar reading on the resident's MAR was [REDACTED]. However, this reading was not in the resident's glucometer.
- On [REDACTED] at 8:00 AM, the documented blood sugar reading on the resident's MAR was [REDACTED]. However, this reading was not in the resident's glucometer.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED] as needed. However, on [REDACTED], these medications were not available in the home.

Resident [REDACTED] is prescribed [REDACTED] as needed. However, on [REDACTED] this medication was not available in the home.

Resident [REDACTED] is prescribed blood sugar checks daily in the morning. The following is discrepancies between the blood sugar reading on the resident's glucometer and the documented blood sugar readings on the resident's MAR:

- On [REDACTED] at 9:00 AM, the documented blood sugar reading on the resident's MAR was [REDACTED]. However, the reading in the glucometer was [REDACTED].

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED] as needed. However, on [REDACTED] these medications were not available in the home.

Repeated Violation - [REDACTED] et al

185a - Implement Storage Procedures (*continued*)**Plan of Correction**

Accept (█) - 03/04/2026)

*Education will be provided to all med techs by DOW on 3/26/2026.**Medications not available were ordered were ordered by DOW on 2/10/2026.**Med cart audits to be completed monthly by shift coordinators.**DOW or ADOW to review audits for completion and accuracy.**This is to continue for a period of three months beginning 2/10/2026.**Glucometer checks for each resident to be completed by MT and audited by ADOW or designee for a period of three months beginning 3/6/2026.**DOW and ADOW will be responsible for ongoing compliance.*

Licensee's Proposed Overall Completion Date: 03/26/2026

Not Implemented (█) - 06/01/2026)

## 187d - Follow Prescriber's Orders

**11. Requirements**

2600.

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

**Description of Violation***Resident █ is prescribed █ with orders to take 1 tablet once daily. However, this medication was not administered to the resident on █ at 9:00 AM and on █ at 9:00 AM because the medication was not available in the home.**Resident █ is prescribed █ with orders to apply topically twice daily. However, this powder was not administered to the resident from █ and on █ at 9:00 AM because the powder was not available in the home.**Resident █ is prescribed █ with orders to apply to right knee topically at bedtime. However, this gel was not administered to the resident on █ at 8:00 PM and on █ at 8:00 PM because the medication was not available in the home.**Repeated Violation - █ et al***Plan of Correction**

Directed (█) - 03/04/2026)

*Education will be provided to all med techs by DOW on 3/26/2026.**Medication not available was ordered by DOW on 2/10/2026.**Med cart audits to be completed monthly by shift coordinators.**DOW or ADOW to review audits for completion and accuracy.**This is to continue for a period of three months beginning 2/10/2026.**DOW and ADOW will be responsible for ongoing compliance.*

Directed Completion Date: 03/26/2026

187d Follow Prescriber's Orders (*continued*)*Not Implemented* [REDACTED] - 06/01/2026)

## 234b Support Plan Needs Elements

**12. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

From [REDACTED] to [REDACTED], Resident [REDACTED] experienced increased irritability, agitation and aggression, including yelling, cursing, threatening staff, hitting staff and hitting other residents. The resident was sent to the hospital on [REDACTED] and on [REDACTED] due to the resident being combative towards staff and other residents. However, the resident's current assessment, dated [REDACTED], indicates the resident has no problem with irritability, agitation or aggression. In addition, the resident was admitted to hospice services on [REDACTED]. However, the resident's assessment and support plan, dated [REDACTED] does not include the resident is receiving hospice services.

Repeated Violation - [REDACTED], et al

**Plan of Correction***Accept* [REDACTED] - 03/04/2026)

Education provided to DOW and ADOW by ED on 3/2/2026.

ADOW updated Resident [REDACTED]'s RASP on 2/17/2026.

Audits will be completed on all current RASPS by 3/31/2026 by DOW/ADOW or designee.

ED will then review 10 audited RASPS at random for a period of two months beginning 3/1/2026.

DOW and ADOW will be responsible for ongoing compliance.

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

*Not Implemented* [REDACTED] - 06/01/2026)

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

Facility Information

Name: AMOROSO WELLNESS AT YORK License #: 33779 License Expiration: 04/24/2026  
Address: 2830 CAROL ROAD, YORK, PA 17402  
County: YORK Region: CENTRAL

Administrator

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

Legal Entity

Name: 2830 CAROL RD OPCO LLC  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: 1 1 Date: 02/03/2022 Issued By: Springetts bury Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 134 Waking Staff: 101

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: 0  
Reason: Complaint, Incident Exit Conference Date: 03/17/2026

Inspection Dates and Department Representative

02/24/2026 On Site: [REDACTED]  
03/17/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 Residents Served: 100

Secured Dementia Care Unit

In Home: Yes Area: Aria Capacity: 20 Residents Served: 19

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 100  
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 2  
Have Mobility Need: 34 Have Physical Disability: 0

Inspections / Reviews

02/24/2026 - Partial

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 03/29/2026

03/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/06/2026

04/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 05/04/2026

06/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2026

Reviewer: [REDACTED]

Follow Up Type: Enforcement

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] current assessment and support plan (RASP), dated [redacted], indicates the resident requires a mechanical soft diet and the resident requires total assistance with eating. On [redacted] at dinner time, the resident was served a grilled ham and cheese sandwich cut into 4 pieces. Staff Member A let Resident [redacted] take a bite of one of the pieces. Staff Member A reported, "It was a good size that [redacted] bit off." Then Staff Member A turned away from Resident [redacted] to assist another resident. It was during this time, Resident [redacted] began choking on [redacted] food. When Staff Member A turned back to Resident [redacted] they observed Resident [redacted] coughing and attempting to remove food from [redacted] mouth. Staff Member B went to Resident [redacted] and started performing the [redacted]. Staff Member C was alerted to assist and took over for Staff Member B in performing the [redacted]. A piece of ham was dislodged from Resident [redacted]'s mouth. 911 was called; however, in the midst of performing the [redacted], Resident [redacted] collapsed and subsequently ceased to breathe.

Plan of Correction

Accept [redacted] - 04/03/2026)

Education to be provided to all staff regarding RASPS by DOW/ADOW on 4/30/2026.

Monthly meetings with nursing staff reviewing RASP changes will be completed by DOW/ADOW every month on the same day as the all-staff meetings for three months beginning 4/30/2026.

DOW/ADOW will complete random audits of three residents 1x weekly for a period of six weeks beginning 4/6/2026 to ensure that care matches what is noted in RASP.

DOW responsible for ongoing compliance.

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

Not Implemented [redacted] - 06/01/2026)

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

Resident [redacted]'s current assessment and support plan (RASP), dated [redacted] indicates the resident requires a mechanical soft diet and the resident requires total assistance with eating. Resident [redacted] was prescribed a mechanical soft diet on [redacted]. Per MyPlate National Strategic Partners Older Adult Life Stage Subgroup, mechanical soft foods

**42b - Abuse (continued)**

are made to be easy to eat without the need to chew down into little pieces that are safe to swallow. However, on [REDACTED] at dinner time, the resident was served a grilled ham and cheese sandwich cut into 4 pieces. Staff Member A let Resident [REDACTED] take a bite of one of the pieces. Staff Member A reported, "It was a good size that [REDACTED] bit off." Then Staff Member A turned away from Resident [REDACTED] to assist another resident. It was during this time, Resident [REDACTED] began choking on [REDACTED] food. When Staff Member A turned back to Resident [REDACTED] they observed Resident [REDACTED] coughing and attempting to remove food from [REDACTED] mouth. Staff Member B went to Resident [REDACTED] and started performing the [REDACTED]. Staff Member C was alerted to assist and took over for Staff Member B in performing the [REDACTED]. A piece of ham was dislodged from Resident [REDACTED]'s mouth. 911 was called; however, in the midst of performing the [REDACTED] Resident [REDACTED] collapsed and subsequently ceased to breathe.

Repeated Violation - [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 04/03/2026)

Education provided to all staff including DOD on alternate diets, and importance of following those to prevent neglect/mistreatment and abuse by ED on 3/26/2026.

Education to kitchen staff regarding residents on special diets and what those diets include to be provided by DOD on 4/15/2026 and 4/30/2026.

Definitions posted with existing list of residents receiving alternate diets in Kitchen and Aria by ED on 4/3/2026.

Audits of alternate diets being served to be completed by DOD for one seating 3 times per week for a period of four weeks beginning 4/6/2026.

DOD responsible for ongoing compliance.

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

Not Implemented [REDACTED] - 06/01/2026)

**161d - Dietary Needs****3. Requirements**

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**Description of Violation**

Resident [REDACTED] was prescribed a mechanical soft diet on [REDACTED]. However, on [REDACTED] at dinner time, the resident was served a grilled ham and cheese sandwich cut into 4 pieces.

**Plan of Correction**

Accept [REDACTED] 04/03/2026)

Education provided to all staff including DOD by ED on 3/26/2026.

Definitions posted with existing list of residents receiving alternate diets in Kitchen and Aria by ED on 4/3/2026.

Audits of alternate diets being served to be completed by DOD for one seating 3 times per week for a period of four weeks beginning 4/06/2026.

DOD responsible for ongoing compliance.

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

Implemented [REDACTED] - 06/01/2026)

225a Assessment 15 Days

4. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted]’s initial assessment, dated [redacted] includes a diagnosis of repeated falls. The plan to meet this medical need states, "monitor for unsteady gait and any worsening weakness". However, this assessment also indicates the resident has no problem with ambulating.

Plan of Correction

Accept [redacted] - 04/03/2026)

Education provided to DOW by ED that even if DME states no assistance for ambulation that RASP should still reflect a potential need for assistance if there is a diagnosis of weakness or past falls etc. on 4/3/2026.

Resident [redacted] is no longer a resident of the home as of 3/1/2026 and is deceased.

DOW completed audit of mobility needs for all current resident assessments on 3/18/2026.

ED will audit all new admission assessments for a period of four weeks beginning 3/30/2026.

DOW will be responsible for ongoing compliance.

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

Implemented [redacted] - 06/01/2026)

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

**Facility Information**

Name: AMOROSO WELLNESS AT YORK License #: 33779 License Expiration: 04/24/2026  
Address: 2830 CAROL ROAD, YORK, PA 17402  
County: YORK Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: 2830 CAROL RD OPCO LLC  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: 1 1 Date: 02/03/2022 Issued By: Springettsbury Township

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #: 0  
Reason: Complaint, Interim Exit Conference Date: 05/15/2026

**Inspection Dates and Department Representative**

05/14/2026 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 125 Residents Served: 97

**Secured Dementia Care Unit**

In Home: Yes Area: Aria Capacity: 20 Residents Served: 18

**Hospice**

Current Residents: 9

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 97  
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 26 Have Physical Disability: 0

**Inspections / Reviews**

**05/14/2026 - Partial**

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 05/31/2026

Inspections / Reviews *(continued)*

06/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

06/01/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: *Enforcement*

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

On [REDACTED], during the afternoon medication audit, a pungent odor of urine was detected in the hallway between resident rooms [REDACTED] and [REDACTED].

## Plan of Correction

Accept [REDACTED] - 06/01/2026)

-On 5/14/2026 Housekeeping and RA were called to hallway are between apts [REDACTED] and [REDACTED] to clean and assist resident with resident hygiene needs.

-Education provided to all staff on 5/28/2026 by ED in regards to 85a

-ED met with resident on 5/29/2026 to review required compliance with hygiene care to allow us to be able to continue to meet care needs and spoke with POA.

-ADOW or designee will audit apartment for odor 3x weekly for a period of four weeks beginning 6/1/2026.

-ADOW responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/01/2026

## 141a 1-10 Medical Evaluation Information

## 2. 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]'s initial medical evaluation, dated [REDACTED], did not include height, weight, pulse rate, blood pressure and temperature.

Resident [REDACTED]'s initial medical evaluation, dated [REDACTED], did not include height, weight, pulse rate, blood pressure and temperature.

## 141a 1-10 Medical Evaluation Information (continued)

**Plan of Correction**

Accept [REDACTED] - 06/01/2026)

- Education provided to DOCR by ED on 5/28/2026 in regards to 141a 1-10.
- DME's noted with errors found by DOCR on 5/28/2026.
- Audit of all current resident DME's to be completed by DOCR or designee by 6/30/2026
- All new resident DME's to be audited by DOW/ADOW/MCC or designee for a period of two months beginning June 1, 2026.
- DOCR responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/01/2026

## 141b1 - Annual Medical Evaluation

**3. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident [REDACTED] current medical evaluation, dated [REDACTED], did not include the height and weight of the resident.

Repeated Violation - [REDACTED], et al.

**Plan of Correction**

Accept [REDACTED] - 06/01/2026)

- Education provided to DOCR by ED on 5/28/2026 in regards to 141b1.
- DME's noted with errors found by DOCR on 5/28/2026.
- Audit of all current resident DME's to be completed by DOCR or designee by 6/30/2026
- All new res DME's to be audited by DOW/ADOW/MCC or designee for a period of two months beginning June 1, 2026.
- DOCR responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/01/2026

## 182b - Prescription Medication

**4. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

On [REDACTED] and [REDACTED] at 8:00 AM, Staff Member A administered [REDACTED] to Resident [REDACTED]. However, Staff Member A has not completed the required training to be able to administer [REDACTED] agonist medications.

## 182b Prescription Medication (continued)

Repeated Violation [REDACTED], et al.

**Plan of Correction**

Directed [REDACTED] - 06/01/2026)

Education provided to all wellness staff by ED and DOW on 5/28/2026 in regards to 182b.  
Medication change was requested from PCP by ADOW on 5/20/2026.  
DOW/ADOW/MCC to audit all resident meds for GLP1 orders by 6/30/2026.  
DOW/ADOW/MCC or designee to audit all new resident medication lists for a period of 2 months beginning 6/1/2026.  
DOW responsible for ongoing compliance.

[Directed]

- In addition to the above steps, by no later than 7/1/26, the Administrator or designee will have residents who are prescribed a subcutaneous GLP 1 agonist medication evaluated by their physician to self administer this medication or the home will apply for a waiver for med techs to be able to administer subcutaneous GLP 1 agonist medications through the Department. In the meantime, the subcutaneous GLP 1 agonist medication will be administered by medically licensed staff.
- The Administrator or designee will educate med techs on regulation 2600.182(b)4, including they cannot administer subcutaneous GLP 1 agonist medications until the home has an approved waiver and ALL the requirements outlined in the waiver are met. This will be done by 7/1/26. Documentation of this education will be kept and available for review by the Department.
- Beginning no later than 7/1/26, the Administrator or designee will complete monthly audit to confirm residents are self administering their subcutaneous GLP 1 agonist medication. Or if the home submits a waiver for med techs to be able to administer subcutaneous GLP 1 agonist medications and the waiver is approved by the Department, the Administrator or designee will complete monthly audits to make sure all the requirements of the waiver are being met. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 07/01/2026

## 187d - Follow Prescriber's Orders

**5. Requirements**

2600.

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

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] at bedtime. However, this medication was not administered to the resident from [REDACTED] because the medication was not available in the home.

Resident [REDACTED] is prescribed blood sugar tests 4 times daily and insulin to be administered per a sliding scale. However, the resident's blood sugar levels were not tested on [REDACTED] at 8:00 AM, 11:00 AM and 6:00 PM as well as on [REDACTED] at 8:00 AM and 12:00 PM because the test strips for resident's glucometer were not available in the home.

Repeated Violation [REDACTED], et al.

**Plan of Correction**

Accept [REDACTED] - 06/01/2026)

Education provided by ED to wellness staff on 5/28/2026 in regards to 187d.

**187d - Follow Prescriber's Orders (continued)**

- Medication for resident [REDACTED] was delivered to the home by pharmacy on 5/14/2026.
- Glucometer strips for resident [REDACTED] were delivered to building by pharmacy on 5/2/2026.
- Twice monthly cart audits to be completed by SC for a period of two months beginning 6/1/2026.
- DOW/ADOW/MCC to review all audits with SC for a period of two months beginning 6/1/2026.
- DOW responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/01/2026