

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

September 17, 2026

[REDACTED]
914 W MARKET STREET OPERATING COMPANY LLC
[REDACTED]
[REDACTED]

RE: AUTUMN HOUSE OF YORK
914 WEST MARKET STREET
YORK, PA, 17401
LICENSE/COC#: 33822

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2026, 08/19/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: AUTUMN HOUSE OF YORK

License #: 33822

License Expiration: 03/24/2027

Address: 914 WEST MARKET STREET, YORK, PA 17401

County: YORK

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: 914 W MARKET STREET OPERATING COMPANY LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/27/2000

Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 95

Waking Staff: 71

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #: 0

Reason: Complaint, Incident

Exit Conference Date: 08/19/2026

Inspection Dates and Department Representative

08/18/2026 - On-Site: [REDACTED]

08/19/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 132

Residents Served: 75

Secured Dementia Care Unit

In Home: Yes

Area: Laurel Court

Capacity: 20

Residents Served: 13

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 74

Diagnosed with Mental Illness: 7

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 20

Have Physical Disability: 1

Inspections / Reviews

08/18/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/24/2026

09/03/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/10/2026

Inspections / Reviews (*continued*)

09/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/16/2026

09/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2026

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 [REDACTED] at approximately 5:03pm, Resident [REDACTED] had an unwitnessed fall while walking. Resident [REDACTED] was transported to the hospital and diagnosed with [REDACTED]. The home did not report this incident to the Department.

On [REDACTED] at approximately 6:55pm, Resident [REDACTED] was escorted back to the home by police officers. According to the officers, Resident [REDACTED] was found 5 blocks away from the community and could not recall [REDACTED] home address. The home did not report this incident to the Department.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

- Resident [REDACTED] was discharged from the facility on 6/22/2026. The Administrator completed a reportable incident report for the incidents dated 4/26/2026 and 6/14/2026 related to resident [REDACTED] on 8/31/2026 and submitted them to the Department.
- All current residents' charts were audited by the Administrator for two weeks, August 17-31, 2026, to ensure all known incidents were reported correctly.
- All med techs to be re-educated on 9/2/2026 at the nursing staff meeting by Director of Wellness, Resident Care Coordinator and Administrator related to reportable incidents to ensure details are communicated appropriately so incident reports are completed and submitted per 2600.16c regulations. All violations related to the 8/8/2026 survey will be discussed on September 16 and 21, 2026 all staff meetings, where re-education will be provided by the Administrator regarding reportable incident requirements.
- The Administrator or designee will conduct an audit five times weekly Monday through Friday for four weeks and then weekly for two months beginning 9/1/2026, of all progress notes to ensure any known incidents are reported appropriately per 2600.16c. Results of these audits will be kept by the Administrator for quality assurance purposes.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented [REDACTED] - 09/17/2026)

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 5:03pm, the home received a call from EMS informing staff that Resident [REDACTED] was being transported to the hospital due to injuries sustained while out walking. Resident [REDACTED] was diagnosed with head injury.

42b Abuse (continued)

On 6/14/26 at approximately 6:55pm, Resident [REDACTED] was escorted back to the home by police officers. According to the officers, Resident [REDACTED] was found 5 blocks away from the community and could not recall [REDACTED] home address.

Both occurrences were due to a mental health decline and according to staff interviews, Resident [REDACTED] was beginning to exhibit increased confusion and could not recall how to return home from [REDACTED] walks. The home did not address the resident's need for additional care, resulting in a third incident.

On [REDACTED] during an evening walk in the neighborhood, Resident [REDACTED] experienced an unwitnessed fall. A concerned neighbor called 911, and the resident was transported to the hospital. Resident [REDACTED] was diagnosed with a laceration to the left knee, a laceration to the forehead and an abrasion/avulsion.

On [REDACTED], at approximately 6:27pm, Residents [REDACTED] and [REDACTED] were socializing in the main common area, near the front entrance of the home. Resident [REDACTED] who was passing by, uttered a derogatory racial comment towards Resident [REDACTED] and Resident [REDACTED]. Resident [REDACTED] verbally defended Resident [REDACTED] and in response, Resident [REDACTED] slapped Resident [REDACTED] in the face. The physical altercation was witnessed by staff.

On [REDACTED], at approximately 6:10pm, Resident [REDACTED] was escorting Resident [REDACTED] to the elevator when Resident [REDACTED] made a racial comment towards Resident [REDACTED]. Resident [REDACTED] verbally defended Resident [REDACTED] which prompted Resident [REDACTED] to make a racial comment to Resident [REDACTED] and has continued to make racial comments towards Resident [REDACTED] on occasion.

Repeated Violation [REDACTED], et al. [REDACTED], et al.

Plan of Correction

Accept ([REDACTED] - 09/10/2026)

- Resident [REDACTED] was discharged from the facility on [REDACTED]. Resident [REDACTED] has a diagnosis of Alzheimer's Disease and does not recall the incident. A new RASP for Resident [REDACTED] was completed on 9/4/2026 by the Director of Wellness which includes updated information related to behaviors, irritability, agitation and aggression, for staff to monitor/address/report to the appropriate parties as indicated. Resident [REDACTED] had no apparent injuries and spoke of feeling safe in the home when speaking with the Administrator. Resident [REDACTED] also spoke of feeling safe in the home on 7/10/2026 when speaking with the Administrator. Resident [REDACTED] has a diagnosis of [REDACTED] and did not appear to recall either incident occurring.
- All residents were addressed by the Administrator during the Resident Council Meeting on July 8, 2026, to discuss that the facility has a zero tolerance policy regarding any verbal or physical altercations which includes one resident to another. All residents receive a copy of the meeting minutes even if they do not attend.
- All violations related to the 8/8/2026 survey will be discussed on September 16 and 21, 2026 all staff meetings, where re education will be provided by the Administrator regarding resident to resident incidents, Resident Abuse, Neglect, Change of Health and Cognitive Status of Residents and how to appropriately report concerns so that each resident receives the care they need in the safest way possible.
- The Administrator or designee will conduct an audit five times weekly Monday through Friday for four weeks and then weekly for two months beginning 9/1/2026, of Resident [REDACTED]'s progress notes to ensure any inappropriate verbalizations or physical altercations are documented and followed up on in a timely manner to ensure the appropriate plan of care is in place and being followed. Results of these audits will be kept by the Administrator for quality assurance purposes.

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented [REDACTED] 09/17/2026)

85b - Infestation

3. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [REDACTED] at 9:36am, there were 2 live bed bugs located on Resident [REDACTED]'s mattress.

Repeated Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/03/2026)

- Resident [REDACTED] room was assessed and treated by the maintenance director immediately upon finding the 2 live bed bugs on 8/8/2026. Tomlinson Bomberger Pest Control was contacted on 8/8/2026 by the Maintenance Director, services are in place and already contracted with the facility. Resident [REDACTED]'s room was treated by Tomlinson Bomberger Pest Control on 8/11/2026 with positive results. Tomlinson Bomberger was out again as routinely scheduled during the week of 8/24/2026 to inspect rooms that had previously been treated.
- The room next to Resident [REDACTED] room was checked on 8/9/2026 by the Administrator. Several rooms were checked at time of survey on 8/8/2026 with inspector and Administrator with no other live bed bugs discovered.
- All violations related to the 8/8/2026 survey will be discussed on September 16 and 21, 2026 all staff meetings, where re-education will be provided by the Administrator regarding the company's bed bug policy.
- Resident [REDACTED] room will undergo treatment per Tomlinson Bomberger's extermination plan which includes initial treatment and re-check and additional treatment as needed every 10 days until the exterminator indicates the treatment has been effective. Any rooms that have been treated for bed bugs within the last three months will be audited weekly for four weeks and then monthly for two months by the Administrator or designee beginning 9/4/2026 to ensure effective treatment. All resident rooms when vacated or as needed are getting LVP flooring installed instead of carpet to ensure a cleaner and more treatable environment. Results of these audits will be kept by the Administrator for quality assurance purposes.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] - 09/17/2026)

225c - Additional Assessment

4. 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

On [REDACTED] at approximately 5:03pm, the home received a call from EMS informing staff that Resident [REDACTED] was being transported to the hospital due to injuries sustained while out walking. Resident [REDACTED] was diagnosed with head injury.

225c - Additional Assessment (continued)

On [REDACTED] at approximately 6:55pm, Resident [REDACTED] was escorted back to the home by police officers. According to the officers, Resident [REDACTED] was found 5 blocks away from the community and could not recall [REDACTED] home address.

On [REDACTED] during an evening walk in the neighborhood, Resident [REDACTED] experienced an unwitnessed fall. A concerned neighbor called 911, and the resident was transported to the hospital. Resident [REDACTED] was diagnosed with a [REDACTED] and an [REDACTED].

According to staff interviews, Resident [REDACTED] was beginning to exhibit increased confusion and could not recall how to return home from [REDACTED] walks.

However, Resident [REDACTED] current assessment, dated [REDACTED], indicates the resident needs "minimal" supervision and orientation to time, place and person is a "minimal problem".

Repeated Violation - [REDACTED], et al.

Plan of Correction**Accept [REDACTED] - 09/03/2026)**

- Resident [REDACTED] was discharged from the facility on 6/22/2026.
- An audit of all Resident Assessment and Support Plans (RASPs) was conducted on 9/1/2026 to ensure correct supervision and orientation to time, place, and person is listed for each current resident.
- All violations related to the 8/8/2026 survey will be discussed on September 16 and 21, 2026 all staff meetings, where re-education will be provided by the Administrator regarding reporting resident's change of health and cognitive status, specifically what to do when incidents occur or concerns arise of a resident requiring more supervision for their safety.
- The Administrator or designee will conduct an audit of 5 Resident Assessment and Support Plans (RASPs) weekly for four weeks beginning 9/11/2026, and then monthly for two months, to ensure the correct supervision and orientation to time, place, and person is listed for the resident. The Administrator will audit each support plan of any resident after an incident occurs to ensure that their needs are correctly outlined on their RASP weekly for four weeks beginning 9/1/2026 then monthly for two months. Results of these audits will be kept by the Administrator for quality assurance purposes.

Licensee's Proposed Overall Completion Date: 09/21/2026**Implemented [REDACTED] - 09/17/2026)**