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

June 9, 2026

[redacted]
914 W MARKET STREET OPERATING COMPANY LLC
[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 03/24/2026 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: *AUTUMN HOUSE OF YORK* **License #**: *33822* **License Expiration**: *03/24/2026*

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**: *04/07/2000* **Issued By**: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *97* **Waking Staff**: *73*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *03/24/2026*

Inspection Dates and Department Representative

03/24/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *132* **Residents Served**: *76*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Laurel Court* **Capacity**: *20* **Residents Served**: *20*

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: *9* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *21* **Have Physical Disability**: *2*

Inspections / Reviews

03/24/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/16/2026*

05/05/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/12/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/12/2026*

Inspections / Reviews *(continued)*

06/09/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/12/2026*

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

182c Medication Administration

4. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Resident [redacted] blood sugar is required to be checked 4 times daily at meals and bedtime. On [redacted], the glucometer shows a reading of [redacted] at 6:33am. This reading was documented on the Blood Sugar Documentation Sheet but was not documented on the resident's Medication Administration Record (MAR).

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

• The blood glucose reading for Resident [redacted] on [redacted] of [redacted] at 6:33am was added to the resident's electronic record by the administrator on 4/16/2026 as a late entry.
• An audit of all resident MARs for the month of March 2026 was completed by the administrator on 4/6/2026 for any documentation errors.
• Any med techs indicated in missing or incorrect documentation from 4/6/2026 MAR audit are scheduled for re-education and disciplinary action as appropriate. Re-education was provided to all staff at the monthly staff meeting on 4/15/2026 by administrator to ensure concerns regarding 2600.182c are reported in a timely manner.
• The administrator will do a weekly audit of all MARs for four weeks and then monthly for two months beginning 4/20/2026 to ensure direct MAR documentation. Results of these audits will be kept by the administrator for quality assurance purposes.

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

Implemented[redacted] - 06/04/2026)

183b Meds and Syringes Locked

5. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at approximately 9:20am, a bottle of [redacted] along with other over the counter medications were observed sitting on a cart unlocked and accessible in resident [redacted]'s room. The resident is not assessed to self-administer medications.

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

• On 3/25/2026 resident's POA was notified by Resident Care Coordinator and came to collect any medications in the resident's room where an order could not be obtained for the resident to self-store/self-administer. Resident has been re-educated on multiple occasions and continues to order medications online.
• No other medications were observed in other resident rooms or in other areas where they would accessible to anyone who is unable to self-store/self-administer.
• Re-education was provided to all staff at the monthly staff meeting on 4/15/2026 by administrator to ensure

183b Meds and Syringes Locked (continued)

concerns regarding 2600.183b are reported in a timely manner. Re education was provided to all residents present at the monthly resident council meeting on 4/8/2026 by administrator and minutes were delivered to every resident on 4/15/2026 by the activities director.

• The administrator will do a weekly check of resident [redacted] room for four weeks and then monthly for two months beginning 4/20/2026 to ensure there are no medications present without self store/self administer orders present. Results of these audits will be kept by the administrator for quality assurance purposes.

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

Implemented ([redacted] - 06/04/2026)

183e - Storing Medications

6. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed [redacted]. On [redacted], the insulin pen was observed in the medication cart; however, the date the medication was opened, and the name of the resident was not documented on the [redacted].

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

• At the time of survey on 3/24/26 the Administrator advised the med tech on duty to take a new Glargine Insulin pen out of the supply closet and to document the resident's name on it as well as the open date of 3/24/26.

• An audit of all insulin pens was conducted by the Administrator on 4/6/2026.

• Re education was provided to all staff at the monthly staff meeting on 4/15/2026 by administrator to ensure concerns regarding 2600.183e are reported in a timely manner.

• The administrator will do a weekly audit of all insulin pens to ensure they are labeled properly with resident name and open date for four weeks and then monthly for two months beginning 4/20/2026. Results of these audits will be kept by the administrator for quality assurance purposes.

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

Implemented [redacted] 06/04/2026)

184a - Resident's Meds Labeled

7. 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.

Description of Violation

Resident [redacted] is prescribed [redacted]. On [redacted], the insulin pen was observed in the medication cart; however, the resident's name was not documented on the insulin pen.

184a - Resident's Meds Labeled *(continued)*

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

• At the time of survey on 3/24/26 the Administrator advised the med tech on duty to take a new Glargine Insulin pen out of the supply closet and to document the resident's name on it as well as the open date of 3/24/26.
• An audit of all insulin pens was conducted by the Administrator on 4/6/2026.
• Re-education was provided to all staff at the monthly staff meeting on 4/15/2026 by administrator to ensure concerns regarding 2600.184a are reported in a timely manner.
• The administrator will do a weekly audit of all insulin pens to ensure they are labeled properly with resident name and open date for four weeks and then monthly for two months beginning 4/20/2026. Results of these audits will be kept by the administrator for quality assurance purposes.

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

Implemented [redacted] - 06/04/2026)