

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

November 6, 2025

[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 09/10/2025, 09/11/2025 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: 10/04/2025
 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: 01/20/2004 Issued By: Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 129 Waking Staff: 97

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 09/11/2025

Inspection Dates and Department Representative

09/10/2025 - On-Site: [Redacted]
 09/11/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 123 Residents Served: 105

Secured Dementia Care Unit
 In Home: Yes Area: Beacon Capacity: 13 Residents Served: 12

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 105
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 24 Have Physical Disability: 1

Inspections / Reviews

09/10/2025 Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/10/2025

10/10/2025 - POC Submission
 Submitted By: [Redacted] Date Submitted: 11/03/2025
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 11/03/2025

Inspections / Reviews *(continued)*

11/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident [redacted] had two medical evaluations completed [redacted] which are both signed by the physician on [redacted] indicating inconsistent dietary needs and body positioning/movement needs.

Repeated Violation - [redacted], et al

Plan of Correction

Accept [redacted] - 10/10/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/15/2025 by the Director of Health & Wellness to reconcile the 2 medical evaluations, with input from resident [redacted]'s physician, to ensure the accuracy of the information. The corrected DME was marked as reviewed and placed in the resident's record.

To enhance the currently compliant operations:

1. on 10/07/2025 the Director of Health & Wellness will ensure the Medical Evaluation for resident [redacted] is completed by the responsible physician, with a completion date of 10/07/2025.
2. on 10/1/2025 the Administrator or designee will provide training to wellness leaders responsible for the completion of the DME on the regulatory requirements of 2600.141b1, with a completion date of 10/31/2025.
3. on 10/01/2025 the Director of Health & Wellness or Designee will in lieu of an initial audit, complete new DMEs for all residents over a 90-day period to establish baseline accuracy. 33% of all DMEs will be completed no later than 10/31/2025. The remaining DMEs will be completed no later than 12/31/2025. To ensure ongoing compliance, the Director of Health & Wellness or Designee will then complete 10 annually required DMEs per month. This will redistribute the due dates across a 12-month period to allow sufficient time to complete, review and correct, if applicable, new DMEs, with a completion date of 10/31/2025.

The overall completion date for 33% of all DMEs is 10/31/2025.

Effective 10/31/2025 the Administrator or Designee will perform monthly reviews of the DME completed each retrospective month through 03/31/2026 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] 11/03/2025)

183e - Storing Medications

2. 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.

183e Storing Medications (continued)

Description of Violation

On [REDACTED], a bottle of Milk of Magnesia prescribed for resident [REDACTED] was stored in [REDACTED] home's first floor medication cart; however, the medication had an expiration date of [REDACTED].

On [REDACTED] at 11:01AM, the Ozempic pen prescribed for resident [REDACTED] was not labeled with the date the pen was opened.

Repeated Violation [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 10/10/2025)

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

1. on 09/10/2025 by the Director of Health & Wellness or Designee to destroy the PRN Milk of Magnesia medication in accordance with FDA guidelines.
2. on 09/10/2025 by the Director of Health & Wellness or Designee to label resident [REDACTED] [REDACTED] with the date it was opened.
3. on 09/15/2025 by the Director of Health & Wellness or Designee to conduct an immediate audit of all medication carts to check for expired medications and that all open medications are properly labeled according to the home's policies, manufacturer's instructions, and these regulatory requirements.

To enhance the currently compliant operations:

1. on 10/01/2025 the Director of Health & Wellness or Designee will conduct an ongoing, weekly audit of all medication carts to check for expired medications and that all open medications are properly labeled according to the home's policies, manufacturer's instructions, and these regulatory requirements. This will be completed weekly for a 30 day period, then bi weekly for an additional 30 day period. Documentation of this audit shall be kept, with a completion date of 10/31/2025.
2. starting on 10/01/2025 the Director of Health & Wellness or Designee will conduct re education for all staff who administer medication. The med techs shall receive a refresher training on effective practice for labeling medication, checking for expiration dates, pharmacy labels to orders and late documentation. Following the initial training, continuous refreshers will be complete every three months for a 1 year period. Initial training will be conducted with a completion date of 10/31/2025.

The overall completion date is 10/31/2025.

Effective 10/31/2025 the Administrator or Designee will perform monthly checks of audit completion through 11/30/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] 11/03/2025)

184a - Resident's Meds Labeled

3. Requirements

184a Resident's Meds Labeled (continued)

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident # [redacted] did not include the current instructions for administration. The current physician's orders included instructions to inject 28 units subcutaneously at bedtime; however, the pharmacy label indicated instructions to inject 24 units subcutaneously at bedtime *do not mix with other insulins*.

Repeated Violation – [redacted] et al

Plan of Correction

Accept [redacted] - 10/10/2025)

In response to the violation on 09/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 09/11/2025 by the Director of Health & Wellness or Designee to correct the label in order to ensure the original container for the prescription medication was labeled with a pharmacy label that includes, per the regulatory requirement detailed in 2600.184.a.4., the prescribed dosage and instructions for administration.
- 2. on 09/15/2025 by the Director of Health & Wellness or Designee to to conduct an immediate audit of all medication carts to check for the accuracy of medications labeled according to the home's policies, manufacturer's instructions, and these regulatory requirements.

To enhance the currently compliant operations:

- 1. on 10/01/2025 the Director of Health & Wellness or Designee will conduct an ongoing, weekly audit of all medication carts to check for the accuracy of medications labeled according to the home's policies, manufacturer's instructions, and these regulatory requirements. This will be completed weekly for a 30-day period, then bi-weekly for an additional 30-day period. Documentation of this audit shall be kept, with a completion date of 10/31/2025.
- 2. on 10/01/2025 the Director of Health & Wellness or Designee will conduct re-education for all staff who administer medication. The med techs shall receive a refresher training on effective practice for labeling medication, checking for expiration dates, accuracy of pharmacy labels to orders and late documentation. Following the initial training, continuous refreshers will be complete every three months for a 1-year period. Initial training will be conducted, with a completion date of 10/31/2025.

The overall completion date is 10/31/2025.

Effective 10/31/2025 the Administrator or Designee will perform monthly checks of audit completion through 11/30/2025 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the prescribed dosage and instructions for administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ([redacted] - 11/03/2025)

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] was prescribed [redacted] subcutaneously weekly on Wednesday. The resident's September 2025 Medication Administration Record, printed on [redacted] after 9:40 AM, did not include the initials of the staff person who administered [redacted] on [redacted] at 8:00AM.

Plan of Correction

Accept [redacted] - 10/10/2025)

In response to the violation on 09/10/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 09/10/2025 by the LPN to document the medication as given timely on the MAR at approximately 10:30am.
- 2. on 09/15/2025 by the Director of Health & Wellness or Designee to conduct an immediate audit of all MARs to check for missing or late documentation of medications administered.

To enhance the currently compliant operations:

- 1. on 10/01/2025 the Director of Health & Wellness or Designee will conduct an ongoing, weekly audit of all MARs (one cart per day) to check for missing or late documentation of medications administered according to these regulatory requirements. This will be completed weekly for a 30-day period, then bi-weekly for an additional 30-day period. Documentation of this audit shall be kept, with a completion date of 10/31/2025.
- 2. on 10/01/2025 the Director of Health & Wellness or Designee will conduct re-education for all staff who administer medication. The med techs shall receive a refresher training on effective practice for labeling medication, checking for expiration dates, pharmacy labels to orders and late documentation. Following the initial training, continuous refreshers will be complete every three months for a 1-year period. Initial training will be conducted, with a completion date of 10/31/2025.

The overall completion date is 10/31/2025.

Effective 10/31/2025 the Administrator or Designee will perform monthly checks of completed audits through 11/30/2025 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: 10/31/2025

Implemented [redacted] - 11/03/2025)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227d - Support Plan Medical/Dental (*continued*)

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] utilized a bedside mobility device. The resident's most current assessment and support plan, dated [REDACTED] did not reflect the risks associated with the device, the resident's ability to use the device safely, nor if a cover is required.

Resident [REDACTED] utilized a bedside mobility device. The resident's most current assessment and support plan, dated [REDACTED] did not reflect the specific need for the device, any risks associated, the resident's ability to use the device safely, nor if a cover is required.

Resident [REDACTED] utilized a bedside mobility device. The resident's most current assessment and support plan, dated [REDACTED] did not reflect the risks associated with the device, the resident's ability to use the device safely, nor if a cover is required.

Resident [REDACTED] utilized a bedside mobility device. The resident's most current assessment and support plan, dated [REDACTED] did not reflect the specific need for the device, any risks associated, the resident's ability to use the device safely, nor if a cover is required.

Plan of Correction

Accept [REDACTED] - 10/10/2025)

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

1. on 09/19/2025 by the Director of Health & Wellness or Designee to correct RASPs for resident [REDACTED], resident [REDACTED], resident [REDACTED], and resident [REDACTED] to include required information on each resident's bedside mobility device.
2. on 09/30/2025 by the Housekeeping Supervisor or Designee to inspect each room for bedside mobility devices to ensure the accuracy of the roster of this device need.

To enhance the currently compliant operations:

1. on 09/15/2025 the Director of Health & Wellness or Designee will review and correct all RASPs reflecting all required information for bedside mobility devices based on the results of the initial room inspection findings, with a completion date of 10/31/2025.
2. on 10/01/2025 the Administrator or Designee will conduct re-education to wellness leadership responsible for the development of the RASPs to specifically address information required for bedside mobility devices, with a completion date of 10/31/2025.
3. on 10/01/2025 the Housekeeping Supervisor or Designee will conduct monthly room inspections to ensure accuracy of bedside mobility roster for a period of 3 months, with an initial completion date of 10/31/2025.
4. on 10/31/2025 the Director of Health and Wellness or Designee will review and correct all RASPs reflecting all required information for bedside mobility devices based on the results of the monthly room inspection findings for a period of 3 months, with a completion date of 10/31/2025.

The overall completion date is for the initial mobility reconciliation of the RASP compared to room inspection is 10/31/2025.

227d - Support Plan Medical/Dental (continued)

Effective 10/31/2025 the Administrator or Designee will perform monthly checks of completed inspections for a period of 3 months through 12/31/2025 to maintain ongoing compliance with documenting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] - 11/03/2025)