

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395168	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER Yorkview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 970 Colonial Avenue York, PA 17403	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>Based on clinical record review and staff interviews, it was determined that the facility failed to ensure each resident the right to receive notice in advance of the resident's room or roommate change for one of six resident records reviewed (Resident 4). Findings Include: Review of the facility's policy, titled Resident Rights, revised June 2023, reads, Employees shall treat all residents with kindness, respect, and dignity. Review of Resident 4's clinical record revealed diagnoses that included dementia (Dementia is the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities) and muscle weakness (a lack of muscle strength). Review of Resident 4's clinical record revealed she received a new roommate on October 23, 2025. Continued review of Resident 4's clinical record revealed documentation of a progress note dated November 17, 2025, of a care plan meeting held regarding a recent resident-to-resident incident involving Resident 4's new roommate. According to the progress note, Resident 4's Responsible Party was not notified of Resident 4 receiving a new roommate on October 23, 2025, and continued, [Representative] would like to be notified before res [Resident 4] getting another roommate and writer told [Representative] that we will notify her prior to anyone moving in with [Resident 4]. An interview with the Director of Social Services (Employee 1) on November 19, 2025, at 12:50 PM, revealed that Employee 3 (Social Worker) is newly assigned to that resident area and is in training. An interview with the Nursing Home Administrator on November 19, 2025, at 1:51 PM, revealed the facility usually notifies residents of new roommates and changes in rooms, however, confirmed Resident 4 nor her Representative had been notified prior to a new resident moving into the room on October 23, 2025, but would make sure all residents and/or representatives are notified going forward. 28 Pa. Code 201.14 (a) Responsibility of licensee</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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