

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  03/31/2026
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on policy review, clinical record review, and staff interview, it was determined that the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for one of the four residents reviewed (Resident 2). Findings Include: Review of the facility's policy, titled Medication Ordering and Receiving from Pharmacy read Medications and related products are received from the dispensing pharmacy on a timely basis. The policy continued, Timely delivery of new orders is required so that medication administration is not delayed. Review of Resident 2's clinical record revealed diagnoses that included asthma (a chronic, long-term lung disease that causes inflammation and narrowing of the airways, making breathing difficult) and chronic pain due to trauma (a complex condition where the nervous system becomes sensitized, often causing pain to persist long after injuries heal). Review of Resident 2's census information revealed an admission date to the facility of March 17, 2026. Review of Resident 2's physician's orders revealed the following orders dated March 17, 2026:1. Advair HFA Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally every morning and at bedtime for asthma.2. Pregabalin capsule 100 MG Tab [also known as Lyrica] take 1 capsule by mouth 3 times daily for pain.3. Celecoxib [also known as Celebrex] give 200 MG by mouth 2 times a day for arthritis.4. Amphetamine Dextroamphetamine [also known as Adderall] 30 mg: Give one tablet every morning and at bedtime for ADHD. A review of Resident 2's interdisciplinary progress notes revealed that documentation on those medications was marked not available on March 17, 2026. An interview with the Director of Nursing on March 31, 2026, confirmed the medications documented as not available had not been received by the facility's contracted pharmacy in order to administer to Resident 2 as ordered by the physician. 28 Pa. Code 211.9 (a) (1) (d) Pharmacy services28 Pa. Code 211.12 (d) (1) (5) Nursing services</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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