

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER York South Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Pauline Drive York, PA 17402	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on facility policy review, record review, wound tracking form, and staff interview, it was determined the facility failed to maintain a method of accuracy for wound measurement assessments between facility staff and the wound provider specialist for one of 31 residents reviewed (Resident 5). Findings include: Review of the facility policy, titled Skin Integrity and Wound Management, last reviewed February 2026, state, the plan of care for the resident will be reflective of assessments findings from the comprehensive patient assessment and wound evaluation. Review of Resident 5's clinical record revealed diagnoses that included a facility acquired stage IV pressure ulcer (full skin loss that expose underlying muscle, tendons, joints, or bones) of the left heel and vascular dementia (decline in thinking and memory skills caused by restricted or blocked blood flow to the brain). A review of Resident 5's progress notes, care plan and observation of the Resident revealed the Resident was non-compliant with keeping heel boots in place or off-loading heels while in bed. Review of the facility documented wound measurements dated June 11, 2026, were 3.78 cm (centimeters) x 3.06 cm x 0 cm. Review of the wound care specialist documented wound measurements dated June 11, 2026, were 2.7 cm x 2.7 cm x 0.3 cm with no change documented from previous assessment. Review of the facility documented wound measurements dated June 4, 2026, were 3.16 cm x 2.81 cm x 0.2 cm. Review of the wound care specialist documented wound measurements dated June 4, 2026, were 2.7 cm x 2.7 cm x 0.3 cm with documentation of improvement from the previous assessment. Review of the facility documented wound measurements dated May 28, 2026, were 3.0 cm x 3.0 cm x 0.3 cm. Review of the wound care specialist documented wound measurements dated May 28, 2026, were 3.5 cm x 3.5 cm x 0.2 cm with documentation of improvement from the previous assessment. Further review of wound measurements revealed inconsistencies with measurements since the wound care specialist had initiated care on April 9, 2026. During an interview with the Director of Nursing (DON) on June 18, 2026, at 12:00 PM, the DON confirmed the measurements were not consistent because of the different methods of measurement utilized by facility and the wound care specialist. The DON stated that the wound care specialist manually measures the wound and the facility utilizes a camera that automatically enters measurements that are not consistent with the manual measurements. The DON stated that the facility utilizes the measurement, and other aspects that are documented by the wound care specialist that includes drainage, type and amount, but is unable to correct the system to the manual measurements of the wound care specialist. The DON added that all wounds that are managed by the wound care specialist are also photographed by the facility indicating the discrepancy in measurements would be evident with other residents. A review of the wound tracking sheet dated June 18, 2026, revealed the facility was documenting the facility measurements rather than the wound care specialist measurements on the form. 28 Pa Code 211.12(d)(1)(5) Nursing services		

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, review of facility policy, and staff interviews, it was determined that the facility failed to store and serve food/beverages in accordance with professional standards for food safety for two of four pantry refrigerators and the ceiling in the kitchen area. Findings include: Review of facility policy, titled Safe Handling for Foods from Visitors, revised July 20298, read, in part, when food items are intended for later consumption, the responsible facility staff member will label foods with the resident name and the current date. Review of facility policy, titled Department Sanitation, revised September 2017, read, in part, all non-food contact equipment will be clean and free of debris. Observation of the ceiling to the right of the 3-compartment sink on June 15, 2026, at 10:05 AM, revealed there was a square opening without a cover. At that time, interview with the Employee 12 (Dining Services Director) revealed there was a leak in the ceiling several months ago and the flat cover wasn't replaced. Observation with Employee 2 (Director of Maintenance) on June 17, 2026, at 1:06 PM, revealed the aforementioned opening in the ceiling to the right of the 3-compartment sink remained. Interview at that time revealed there was a leak in the ceiling several months ago and the metal panel should've been hung. Observation in the 500/600-unit nourishment refrigerator on June 15, 2026, at 10:20 AM, revealed two plastic bags date marked June 13th; one containing half eaten chicken and rice and the second containing a portion of a quesadilla, both weren't marked with a resident identifier. At that time, interview with Employee 12 revealed that staff food items should be stored in the staff lounge and resident items should be marked with an identifier. Observation in the 700/800-unit nourishment refrigerator on June 15, 2026, at 10:26 AM, revealed a red dried liquid on the bottom shelf inside the refrigerator. At that time, interview with Employee 12 revealed the refrigerator should be clean. Interview with the Nursing Home administrator on June 17, 2026, at 1:07 PM, revealed there was a leak in the kitchen ceiling and are the area should be covered. A time frame regarding the leak was requested and not provided. It was also revealed that resident items should be marked with an identifier and the nourishment refrigerator should be clean. 28 Pa. Code 201.14 - Responsibility of licensee 28 Pa code 211.6 - Dietary Services		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on facility policy review, facility document review, and resident and staff interviews, it was determined that the facility failed to promote care for residents in a manner that enhances each resident's dignity for one of 31 residents reviewed (Resident 138). Findings include: Review of facility policy, titled ENV403 Personal Clothing Handling, with review date of February 6, 2026, revealed, in part, Resident/Patient clothing that is processed by the service location is cleaned and returned to the patient in a timely fashion. Review of facility policy, titled OPS208 Personal Property Patient's, with review date of February 6, 2026, revealed, in part, The patient will be allowed to use their personal belongings to the extent possible. Purpose is to protect the patient's right to retain their personal belongings and preserve the patient's individuality and dignity. Review of facility policy, titled OPS213 Treatment: Considerate and Respectful, with a review date of February 6, 2026, revealed, in part, Encourage and assist patients to dress in their own clothes appropriate to time of day and individual preferences rather than hospital-type gowns. Review of facility policy, titled OPS204 Grievance/Concern, with review date of February 6, 2026, revealed, in part, When the grievance/concern is logged, the Administrator and appropriate department manager will be notified. Immediate action will be taken to prevent further potential violations of any patient right while the alleged violation is being further investigated. Review of Resident 138's clinical record revealed diagnoses that included cerebral infarction (ischemic stroke), hemiplegia (partial paralysis of one side of the body), affecting left nondominant side, and muscle weakness. Review of grievance logs and grievances for missing clothing/laundry from January 2026-June 2026 reveal 10 grievances filed for personal items sent to laundry and not returned. Items that were missing were located, replacements purchased by family/representative and reimbursed, or replaced by facility. All grievances were resolved. During a resident interview with Resident 138 in his room on June 15, 2026, at 11:22 AM, he revealed 6 shirts and 3 pairs of pants missing that had been sent to laundry. He reported that he had to go to physical therapy in a hospital gown due to not having his personal clothing returned to him. During a resident interview with Resident 138 on June 16, 2026, at 12:48 PM, revealed he has received all his clothing back except a pair of white, lightweight sweatpants. He revealed his clothing is labeled with his name. During an interview with staff on nursing unit 400 on June 16, 2026, at 12:48 PM, revealed washing machine in laundry has been out of order and laundry is considerably backed up. During an interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on June 16, 2026, at 1:30 PM, the surveyor made them aware that Resident 138 had not received his pair of white, lightweight sweatpants back from laundry. NHA and DON confirmed that one washing machine had been down in laundry and there have been numerous issues with getting unit fully repaired and operational. Record review revealed a grievance was filed by Resident 138 on June 17, 2026, at 3:28 PM, for missing pants. Item not found in laundry and will be replaced by facility. During a staff interview with the NHA and DON on June 18, 2026, at 10:50 AM, the NHA reported acceptable laundry turn-round would be 3-4 days. The DON stated that Resident 138 has left sided paralysis, which causes frequent episodes of clothing change for him in his dependence with toileting. NHA and DON acknowledged residents should have personal clothing returned from laundry in a timely manner to ensure clothing is available to wear. 28 Pa Code 201.14(a) Responsibility of licensee. 28 Pa Code 201.18(b)(3) Management. 28 Pa Code 201.29(a) Resident rights. 28 Pa Code 211.11(d)(1)(2) Nursing services.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on facility policy review, observations, and resident representative and staff interviews, it was determined that the facility failed to maintain a safe, clean, comfortable and home-like environment in one of five resident areas observed (400 Hallway). Findings include: Review of facility policy, titled Safe and Homelike Environment last reviewed February 6, 2026, read, in part, The resident has a right to a safe, clean, comfortable and homelike environment. This includes ensuring the patient can receive care and services safely and that the physical layout of the center maximizes patient independence and does not pose a safety risk. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. During an interview with Resident 79's Representative on June 16, 2026, at 12:52 PM, she revealed she was upset with the condition of the wallpaper behind his bed. Observation of the wallpaper behind Resident 79's bed on June 16, 2026, at 12:52 PM, revealed it was scratched up and bubbling away from the wall. Additional observations of Resident 79's wall behind his bed on June 17, 2026, at 2:38 PM, and June 18, 2026, at 9:44 AM, revealed it was scratched up and bubbling away from the wall. During an interview with Resident 79's Representative on June 18, 2026, at 9:44 AM, she revealed she was upset with the metal bar that separates the floor under the doorframe of his bathroom from the rest of his room, and someone could trip over it and hurt themselves. Observation of the aforementioned metal bar on June 18, 2026, at 9:45 AM, revealed it was missing a screw and was sticking up from the floor on the left side. Observation in Resident 9's room on June 15, 2026, at 10:37 AM, and June 16, 2026, at 10:08 AM, revealed three strips of wallpaper ripped and dangling behind his bed, and ripped wallpaper under his window frame. During an interview with the Nursing Home Administrator on June 18, 2026, at 10:20 AM, she revealed the concerns the surveyor identified within Resident 9 and 79's rooms are being addressed by the maintenance staff, and she would expect residents to be provided with a safe, clean, comfortable and home-like environment 28 Pa. Code 201.18(e)(2.1) Management		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on facility policy review, clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure that residents receive treatments and care and services in accordance with professional standards of practice to meet each resident's physical, mental, and psychosocial needs for two of 31 residents reviewed (Residents 9 and 109). Findings include: Review of facility policy, titled Procedure: Specimen Collection: Urine last reviewed February 6, 2026, read, in part, Verify order. Gather supplies. For indwelling catheter specimen: Sterile or non-sterile specimen with lid depending on the test ordered, sterile syringe, alcohol pad. Apply gloves, as needed, and other personal protective equipment. To collect an indwelling catheter specimen: Prepare tubing and sampling port. Disinfect the sampling port with alcohol pad and allow it to dry. Using a standard aseptic non-touch technique, attach the syringe to the sampling port to withdraw urine from tubing. Review of facility policy, titled Skin Integrity and Wound Management last reviewed February 6, 2026, read, in part, Purpose: To provide safe and effective care to promote optimal skin health, prevent pressure injuries, and promote healing within the context of what matters most to all patients. The licensed nurse will: Evaluate any reported or skin changes or wounds. Perform daily monitoring of ulcer/wound site with or without dressing. Implement Skin/Wound Care Guidelines as applicable. Implement special wound care treatments/techniques, as indicated and ordered including, but not limited to: Negative Pressure Wound Therapy (NPWT also called vacuum-assisted wound closure VAC, is a treatment that uses suction to remove excess fluid and bacteria from a wound, helping it heal faster in a clean, moist environment). NPWT will be administered according to the specific manufacturer guidelines. Review of Resident 9's clinical record revealed he was admitted to the facility with diagnoses that included benign prostatic hyperplasia (enlarged prostate), muscle weakness, and mononeuropathy (damage or dysfunction of a single peripheral nerve, leading to loss of movement, sensation, or other nerve functions). Review of Resident 9's clinical record revealed a lab result note dated June 9, 2026, at 10:46 PM, that read, in part, Physician Notified (list name, date, time of notification): [Employee 10 (Certified Registered Nurse Practitioner)] 6/9/26. Labs Reviewed (list labs): CBC, Urinalysis. Physician Response/Other Action Taken/Resident Representative notified if applicable: Positive for urinary tract infection. Awaiting Culture. Hematuria (blood in urine) improving. No complaints of dysuria (pain or discomfort when urinating). During an interview with the Director of Nursing (DON) on June 17, 2026, at 2:30 PM, the surveyor asked if the urine culture had resulted and was available for review. Review of facility document dated June 16, 2026, revealed [Resident 9] Resident Condition/Concern: UC Contaminated- would you like to repeat urinalysis and urine culture? The response indicated no repeat labs and to monitor the Resident. It was noted that the urine culture that was contaminated and reviewed by the physician was dated May 13, 2026. During a follow up interview with the DON on June 18, 2026, at 10:17 AM, she revealed the urine culture that was contaminated was an older culture from weeks ago, and both the physician and Employee 13 (Infection Preventionist) that printed it for the physician to sign missed the old date. She further revealed the new culture was never ordered, a mistake was made at the time of the lab slip and it was filled out to only get a urinalysis. She further revealed the order was never put into the computer as per the facility process, and she would have expected the order to be put into the system and executed properly. Review of Resident 109's clinical record revealed she was admitted to the facility with diagnoses that included subsequent encounter for closed fracture with routine healing (when a patient is receiving routine care for a fracture during the healing or recovery phase), long term current use of anticoagulants (blood thinning medication), and difficulty in walking. Review of (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 109's physician orders revealed an order for Wound vac settings per hospital setting 125mmhg (unit of measure) continuous. Change dressing Mon-Wed-Fri 7-3 every day shift every Mon, Wed, Fri for surgical wound, with a start date of June 5, 2025. Review of Resident 109's comprehensive care plan revealed a focus area Wound Management with an intervention for Provide wound care per treatment order with a start date of June 4, 2026. During an interview with Resident 109 on June 16, 2026, at 9:36 AM, she revealed she was wondering why her wound vac did not get changed per her physician order the day before. Review of Resident 109's June Treatment Administration Record revealed Employee 5 (Registered Nurse) signed off that the wound treatment was administered as ordered on June 15, 2026. Statement received from Employee 5 on June 16, 2026, revealed he thought the physician order read to only check the settings of the wound vac, not to change the dressing, so he did not change the dressing as ordered. During an interview with the DON on June 17, 2026, at 2:30 PM, she revealed she would expect that the wound vac would have been changed as ordered on June 15, 2026. 28 Pa. Code 201.18(b)(1) Management28 Pa. Code 211.11(d)(1)(3)(5) Nursing services		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on policy review, clinical record review, and resident and staff interviews, it was determined that the facility failed to provide restorative nursing services to improve or maintain upper extremity motion on a consistent basis for one of 31 residents reviewed (Resident 11). Findings include: Review of the facility policy, titled Restorative Nursing, last reviewed February 6, 2026, Restorative programs are coordinated by nursing or in collaboration with rehabilitation and are patient specific based on individual patient needs. Purpose: to promote the patient ability to adapt and adjust to living as independently as safely as possible. To help the patient attain and maintain optimal physical, mental, and psychosocial functioning. Implement the restorative nursing program according to the specifics on the care plan. Review of Resident 11's clinical record revealed diagnoses that included Parkinson's Disease (progressive neurological disorder that primarily affects movement) and muscle weakness. On April 2, 2026, the physical therapist had recommended a Restorative Nursing Program (RNP) for maintaining the ability to move upper extremities freely with AM/PM care 15 minutes per day, six days per week. Review of Resident 11's restorative range of motion care plan, initiated April 2, 2026, stated, encourage resident to use rubber yellow band, requires supervision with task, and to assist as needed, encourage big movement during exercises as tolerated. Explain each step prior to doing it. Goal: to prevent contractures and maintain skin integrity During an interview with Resident 11 on June 15, 2026, the Resident stated that the staff have not been providing him with any therapy exercises, and the Resident could not remember the last time they performed the task with him. Review of the task section of the electronic health record failed to have any restorative task section to indicate the task was being provided to the Resident. On June 17, 2026, the Director of Nursing (DON) was requested to provide documentation that the restorative task was being provided to Resident 11 since April 2, 2026. No documentation was able to be provided. On June 17, 2026, review of the task section revealed that the restorative task was added on this date. During an interview with the DON on June 18, 2026, at 12:00 PM, the DON confirmed that the restorative task should have been present since April 2, 2026, and daily documentation of the task should be present. 28 Pa. Code 211.12(d)(1)(5) Nursing services		

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure that residents who require dialysis receive such services, consistent with professional standards of practice, including ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments, received at a certified dialysis facility for one of two residents reviewed for dialysis treatments (Resident 108). Findings Include: Review of the facility's policy, titled Dialysis: Hemodialysis (HD) Provided by a Certified Dialysis Facility, effective October 1, 2018, read, Patients who require HD services receive care consistent with professional standards of practice. Professional standards of practice include- Ongoing assessment and oversight of the patient before and after HD treatments. and Ongoing communication and collaboration with the certified dialysis facility regarding HD care and services. Dialysis is defined as a medical treatment that performs the function of the kidneys by removing waste, toxins, and excess fluid from the blood when the kidneys are unable to do so. Review of Resident 108's clinical record revealed diagnoses that included hypertension (elevated blood pressure) and end stage renal disease (the final stage of chronic kidney disease, where the kidneys can no longer function adequately to sustain life without treatment). Review of Resident 108's physician orders revealed an order for the resident to receive dialysis treatments, at an outside dialysis center on Tuesday, Thursday and Saturday. Review of the facility's form titled Hemodialysis Communication Record, revealed three sections for completion labeled Pre-Hemodialysis Record, Dialysis Center, and Post-Hemodialysis Treatment. The form is utilized to document a resident's pre and post dialysis weights, temperature, pulse, blood pressure, and any other complications such as nausea, fatigue and dizziness. Review of Resident 108's Hemodialysis Communication Record forms during the month of April 2026, revealed incomplete documentation of Resident 108's status while at the dialysis facility and post treatment upon return to the facility on April 28 and 30, 2026. Review of Resident 108's Hemodialysis Communication Record forms during the month of May 2026, revealed incomplete documentation of Resident 108's status while at the dialysis facility and post treatment upon return to the facility on May 5, 7, 12, 19, 21, 26, and 28, 2026. Review of Resident 108's Hemodialysis Communication Record Forms during the month of June 2026, revealed incomplete documentation of Resident 108's status while at the dialysis facility and post treatment upon return to the facility on June 4, 6, and 9, 2026. An interview with the Director of Nursing on June 17, 2026, at 1:22 PM, revealed Resident 108's Hemodialysis Communication Record forms should be accurately completed. 28 Pa. Code 211.12 (d) (1) (2) (3) (5) Nursing services		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations, and staff interviews, it was determined that the facility failed to store medications properly in one of three medication carts observed (400 Wing) and in one of three medication rooms observed (400 Wing). Findings include: Review of facility policy, titled Medication Storage-Storage of Medication, dated [DATE], revealed, in part, Medications and biologicals are stored properly following manufacturers or provider pharmacy recommendations, to keep their integrity and to support safe, effective drug administration. Outdated, contaminated, discontinued or deteriorated medications are disposed of according to procedures for medication disposal (Refer to Section 5-Disposal of Medications, Syringes and Needles). Observation of the 400 Wing medication cart with Employee 9 (Licensed Practical Nurse [LPN]) on [DATE], at 9:25 AM, revealed a medication cup with 2 white capsules in top drawer. There were no observed markings on the medication cup. Employee 9 revealed medication was placed there while she was attempting to determine what was going on with a resident prior to administering or discarding. Observation of 400 Wing medication storage room with Employee 14 on [DATE], at 10:40 AM, revealed a bottle of Cetirizine 10 mg stock with an expiration date of February 2026, a bottle of Latanoprost 0.005% for Resident 72 having expired 12/23 in refrigerator, and a bottle of Xalatan 0.005% having expired [DATE] for Resident 146 that was discharged [DATE]. Employee 14 did confirm medications were expired and discarded them. During a staff interview with the Nursing Home Administrator and Director of Nursing (DON) on [DATE], at 11:52 AM, the DON confirmed that she would expect medications to be labeled and properly. 28 Pa. Code 201.18(b)(1) Management. 28 Pa. Code 211.12(d)(1)(3) Nursing services.		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on review of select food service committee meeting minutes, resident and staff interviews, observation, and completion of one meal test tray, it was determined that the facility failed to provide foods that are palatable and at appetizing temperatures. Findings include: Review of Facility Test Tray Evaluation form, dated May 1, 2023, read, in part, hot entree, vegetable, and starch should be served at 140 degrees Fahrenheit (F). Review of Resident council meeting minutes dated April 20, 2026, documented breakfast was cold. Interview with Resident 3 on June 15, 2026, at 11:25 AM, revealed the temperature of the food is often poor. Interview with Resident 7 on June 15, 2026, at 12:21PM, revealed the temperature of the food is not good. A test tray completed on June 16, 2026, revealed adequate portions size, and the food was palatable for taste and texture for a regular diet; however, the temperature of the Turkey, brussels sprouts, and baked potato weren't palatable for temperature. The test tray was placed on a meal cart and delivered to 700 unit with other trays being delivered at that time; 10 minutes had elapsed between the time the test tray was prepared from the service line and presented for evaluation. Employee 12 (Dining Services Director) took temperatures of the food items at the time the test tray was served for evaluation. The following were the recorded highest temperatures: Roast Turkey- 130 degrees F Brussels sprouts - 112 degrees F Baked potato - 122 degrees F Peach cobbler - 45 degrees F coffee - 130 degrees F milk - 48 degrees F Apple juice- 48 degrees F At that time, interview with Employee 12 revealed that several months prior residents had concerns with food temperatures and the facility replaced the pellet warmer (equipment which warms a base placed under the plate helps keep the food warm). The surveyor felt the plate was slightly warm, and the heated base was barely warm and looked like it was worn (faded in color and coating). During an interview with the Nursing Home Administrator on June 18, 2026, at 1:30 PM, the surveyor revealed concern regarding food temperature of the turkey, brussels sprouts and baked potato. It was confirmed that the machine that heats the pellets was replaced but not the pellets. 28 Pa. Code 201.14 (a) - Responsibility of licensee 28 Pa code 211.6 - Dietary Services		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER York South Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Pauline Drive York, PA 17402	
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)		
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observations, policy review, and staff interview, it was determined that the facility failed to ensure that waste is properly contained in the dumpster, and that the area surrounding the dumpster is free from debris for one of two dumpsters. Findings include: Review of facility policy, titled Dispose of Garbage and Refuse, revised February 2025, read, in part, the Dining Services Director coordinates with the Director of Maintenance to ensure that the area surrounding the exterior of the dumpster is maintained in a manner free rubbish or other debris. All trash will be properly disposed of in external receptacles (dumpsters) with lids covered when not in use. Observations of the trash area on June 15th and 16th, 2026, at 9:00 AM, revealed the first dumpster was full of trash and both lids were open. On June 16th, 2026, there was one small bag of trash at the base of the dumpster, and three used gloves on the ground. Observation with the Employee 12 (Dining Services Director) on June 16, 2026, at 10:32 AM, one lid was up and there were 3 used gloves and a small bag of trash in front of the dumpster. Interview at that time revealed that the lids should be closed and there shouldn't be any items on the ground. Interview with the Nursing home Administrator on June 17, 2026, at 1:04 PM, it was revealed that the trash is collected 2-3 times a week. It was confirmed that the lids should be closed and area should be free of rubbish. 28 Pa. Code 201.14 - Responsibility of licensee 28 Pa code 211.6 - Dietary Services		