

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2026
NAME OF PROVIDER OR SUPPLIER  York North Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  1770 Barley Road York, PA 17408	

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 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 policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure its residents receive treatment and care in accordance with professional standards of practice and the person-centered, comprehensive plan of care for one of four residents reviewed (Resident 3). Findings Include:Review of the facility's policy, titled Medication Administration, dated 2007, read, in part, Medications are administered in accordance with written orders of the prescriber.Review of Resident 3's physician orders revealed diagnoses that included Atrial Fibrillation (an irregular and very rapid heart rhythm that can lead to blood clots, stroke, and heart failure) and anxiety (characterized by intense worry, fear, or panic that interferes with daily life, often involving physical symptoms like a racing heart or sweating).Review of Resident 3's Medication Administration Record (MAR), dated December 1-31, 2025, revealed an order that read Amiodarone HCL Oral Tablet 200 MG .Give 1 tablet by mouth two times a day for A-Fib [Atrial Fibrillation] . start on 12/24/25.Review of Resident 3's clinical record revealed a consultation report, dated January 6, 2026, from the heart and vascular provider. The provider recommendations read as follows: Amiodarone 200 mg qd [once daily].Review of Resident 3's MAR, dated January 1-31, 2026, revealed nursing staff administered the Amiodarone 200 MG's two times a day after the Resident's changed order from the heart and vascular provider dated January 6, 2026.Continued review of Resident 3's clinical record revealed nursing communication to Resident 3's provider, dated January 16, 2026, that read Amiodarone should only be once a day-please update.Based on that documentation, staff did not update Resident 3's dosage to once per day between January 6 and 16, 2026, and continued to administer the medication twice per day.An interview with the Director of Nursing on January 20, 2026, at approximately 2:30 PM, confirmed Resident 3's medication should have been changed to once per day beginning January 6, 2026, per the physician's order.28 Pa. Code 211.12 (d) (1) (2)(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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