

Department of Human Services
Bureau of Human Service Licensing

October 4, 2022

[REDACTED], ADMINISTRATOR/ RN
[REDACTED]
[REDACTED]
[REDACTED]

RE: YOU FIRST PERSONAL CARE
337 FREDERICK STREET
HANOVER, PA, 17331
LICENSE/COC#: 33723

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *YOU FIRST PERSONAL CARE* License #: *33723* License Expiration: *02/23/2023*
Address: *337 FREDERICK STREET, HANOVER, PA 17331*
County: *YORK* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *YOU FIRST PERSONAL CARE LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *11/30/2020* Issued By: *The Borough of Hanover*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/16/2022*

Inspection Dates and Department Representative

08/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *35* Residents Served: *16*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *15*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/16/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/03/2022*

Inspections / Reviews (*continued*)

09/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/13/2022*

09/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/26/2022*

10/04/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home did not provide verification showing the Quality Management reviews were being completed addressing the periodic review and evaluation pertaining to the elements of this regulation.

Plan of Correction**Accept**

Effective 8/29/22, administrator typed up resident meeting minutes and placed them into a manilla folder. On 9/3/22, administrator printed out the staff meeting minutes and placed them into this folder as well. Administrator will have a binder labeled "quality management" by 9/9/22 that will be available to review.

Effective 8/29/22, the administrator will be responsible to continue to ensure that the meetings continue on a monthly basis and that these documents are being filed into the appropriate binder labeled "quality management" on a monthly basis

Completion Date: 09/09/2022**Document Submission****Implemented**

Effective 8/29/22, administrator typed up resident meeting minutes and placed them into a manilla folder. On 9/3/22, administrator printed out the staff meeting minutes and placed them into this folder as well.

Effective 8/29/22, the administrator will be responsible to continue to ensure that the meetings continue on a monthly basis and that these documents are being filed into the appropriate folder labeled "quality management" on a monthly basis

97 - Elevators/Lifting Devices

1. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

A Certificate of Operation from the Department of Labor and Industry was not provided for the stair lift Installed in the home.

Plan of Correction

Accept

The owner contacted Labor & Industry on 8/16 and [REDACTED] was told that measurements from the manufacturer of the chair lift was necessary to get the certificate. So, the measurements were acquired. Labor & Industry was contacted again by the owner on 8/30 and they were left a voicemail to provide the measurements in order to obtain the chair lift certificate. The owner is waiting for a return call.

The owner has arranged for the chair lift to be inspected. On 9/12/22, an application was submitted by mail to the Department of Labor and Industry (DL&I), once the application is received by the DL&I, DL&I will call the home within 10 days to schedule the chairlift inspection. The home is expecting to receive a call from the DL&I once the application is received in their office.

On 9/7/22, owner/administrator added the chair lift certificate inspection to their "inspections" binder checklist that is already reviewed yearly on January to ensure the expiration date(s) is being reviewed and not missed so that the appropriate inspection(s) is being completed as necessary.

Completion Date: 09/08/2022

Document Submission

Implemented

The owner contacted Labor & Industry on 8/16 and [REDACTED] was told that measurements from the manufacturer of the chair lift was necessary to get the certificate. So, the measurements were acquired. Labor & Industry was contacted again by the owner on 8/30 and they were left a voicemail to provide the measurements in order to obtain the chair lift certificate. The owner is waiting for a return call.

97 - Elevators/Lifting Devices (continued)

The owner has arranged for the chair lift to be inspected. On 9/12/22, an application was submitted by mail to the Department of Labor and Industry (DL&I), once the application is received by the DL&I, DL&I will call the home within 10 days to schedule the chairlift inspection. The home is expecting to receive a call from the DL&I once the application is received in their office.

On 9/7/22, owner/administrator added the chair lift certificate inspection to their "inspections" binder checklist that is already reviewed yearly on January to ensure the expiration date(s) is being reviewed and not missed so that the appropriate inspection(s) is being completed as necessary.

132d - Evacuation**1. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

As the home does not have an established maximum evacuation time specified in writing by a safety expert, Fire Drills held on the following dates exceeded the Department's 2 ½ Minute Evacuation time:

1/14/22 5 Minutes 27 Seconds

3/17/22 5 Minutes 13 Seconds

4/14/22 4 Minutes 28 Seconds

5/16/22 3 Minutes 28 seconds

7/19/22 4 minutes 28 Seconds

Plan of Correction**Accept**

██████████, fire chief of ██████████ Fire Dept, was emailed by the owner on 8/16 at 11:49am requesting a visit to establish a fire evacuation time for the home. ██████████ did not receive a response so ██████████ emailed him again on 9/1 at 7:32pm. Our last fire drill evacuation time was 1 minute and 45 seconds held on 8/19 by both owners.

On 9/6/22, the administrator called the fire chief and ██████████ stated ██████████ forgot to respond to our emails. ██████████ said ██████████ is available to visit the facility on 9/9/22 at 1500 to complete a fire drill and provide us with the required evacuation time-this has been scheduled.

Effective 9/9/22, the administrator will send out an email to staff informing them of our official evacuation time that will be provided by the fire chief. This will also be communicated with staff in our communication log to ensure they see it/hear about it more than once. This time will be shared with residents by the administrator and owners at our next resident meeting scheduled for 10/03/22. During this time, we will discuss the importance of evacuating at the established time. We will also discuss the need to repeat the fire drill at a later date if we do not meet our time, once investigating why it was not met.

Completion Date: 09/09/2022

Document Submission**Implemented**

██████████, fire chief of Hanover Fire Dept, was emailed by the owner on 8/16 at 11:49am requesting a visit

132d - Evacuation (continued)

to establish a fire evacuation time for the home. ■ did not receive a response so ■ emailed him again on 9/1 at 7:32pm. Our last fire drill evacuation time was 1 minute and 45 seconds held on 8/19 by both owners.

On 9/6/22, the administrator called the fire chief and ■ stated he forgot to respond to our emails. ■ said ■ is available to visit the facility on 9/9/22 at 1500 to complete a fire drill and provide us with the required evacuation time-this has been scheduled.

Effective 9/9/22, the administrator will send out an email to staff informing them of our official evacuation time that will be provided by the fire chief. This will also be communicated with staff in our communication log to ensure they see it/hear about it more than once. This time will be shared with residents by the administrator and owners at our next resident meeting scheduled for 10/03/22. During this time, we will discuss the importance of evacuating at the established time. We will also discuss the need to repeat the fire drill at a later date if we do not meet our time, once investigating why it was not met.

162c - Menus Posted**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu was not posted for the week of 8/22/22 through 8/28/22.

Plan of Correction**Accept**

On 8/22/22, the administrator posted the menu for 8/22-8/28 along with the menu for 8/29-9/4/22 behind it for reference.

Effective. 8/22/22, in order to maintain compliance, the administrator will be responsible for posting the menus on the board in the dining room weekly on Mondays.

Completion Date: 09/08/2022

Document Submission**Implemented**

On 8/22/22, the administrator posted the menu for 8/22-8/28 along with the menu for 8/29-9/4/22 behind it for reference.

Effective. 8/22/22, in order to maintain compliance, the administrator will be responsible for posting the menus on the board in the dining room weekly on Mondays.

185a - Implement Storage Procedures**1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 is prescribed ■ as needed for ■, this medication was not found available in the home.

185a - Implement Storage Procedures (continued)

On 8/16/22 at approximately 1:00 pm, Resident 2's glucometer readings were observed showing dates and times in the month of July, ranging from 7/12/22 through 7/19/22. The readings for the July dates were documented on the MAR and on Resident 2's Blood Sugar Log for the month of August ranging in dates from 8/8/22 through 8/16/22. The Glucometer was not found to be calibrated to the correct date and time.

On 8/16/22, Resident 2's glucometer readings were observed and shows a blood glucose level of 152 recorded at 17:45 on 7/12/22. The MAR nor the Blood Sugar Log shows that recording documented.

On 8/16/22, Resident 2's glucometer readings were observed and shows blood glucose level of 236 at 07:37am on 7/16/22. The MAR shows 238 documented on 8/12/22 at 8:33 pm, and the Blood Sugar Log documented 238 on 8/12/22 at 9:00 pm.

Plan of Correction**Accept**

On 8/16/22, the administrator asked [REDACTED] if [REDACTED] wanted to continue to have [REDACTED] ordered or not since [REDACTED] did not use it since it was ordered. [REDACTED] stated [REDACTED] would like to have it ordered since the winter months were approaching and [REDACTED] may need to use it. The administrator requested this medication to be filled on 8/16 and it arrived on 8/17-it was placed in the medication cart with all of the other PRN medications.

The administrator calibrated [REDACTED] glucometer to show the current date and time on 8/17/22.

On 8/16, the administrator completed [REDACTED] monthly blood glucose log review and learned that staff have repeated [REDACTED] blood sugar after a low reading to ensure the blood sugar is higher for safety reasons. On 8/16/22, the administrator posted in staff communication log to document all blood sugars taken despite being taken on scheduled times or not (this was also included in our 9/3/22 monthly meeting minutes). On 8/16/22, the administrator also posted in staff communication log to look at the glucometer closely to ensure accurate reading is being documented and why it is important (ex: [REDACTED] insulin gets adjusted based on these readings). This was also included in the monthly staff minutes 9/3.

Effective 8/16/22, the administrator has added a task to [REDACTED] calendar to complete a monthly "med cart check" and compare it to the MAR's to ensure that what is ordered is present inside the medication cart. This will be done on the 15th date of each month beginning 10/15/22 to align with [REDACTED] other medication related checks [REDACTED] completes already such as comparing glucometer readings to logs and checking MAR documentation. At this time, administrator will also ensure that the glucometer remains calibrated with the correct date/time.

Completion Date: 09/08/2022

Document Submission**Implemented**

On 8/16/22, the administrator asked [REDACTED] if [REDACTED] wanted to continue to have [REDACTED] ordered or not since [REDACTED] did not use it since it was ordered. [REDACTED] stated [REDACTED] would like to have it ordered since the winter months were approaching and [REDACTED] may need to use it. The administrator requested this medication to be filled on 8/16 and it arrived on 8/17-it was placed in the medication cart with all of the other PRN medications.

The administrator calibrated [REDACTED] glucometer to show the current date and time on 8/17/22.

185a - Implement Storage Procedures (continued)

On 8/16, the administrator completed [REDACTED] monthly blood glucose log review and learned that staff have repeated [REDACTED] blood sugar after a low reading to ensure the blood sugar is higher for safety reasons. On 8/16/22, the administrator posted in staff communication log to document all blood sugars taken despite being taken on scheduled times or not (this was also included in our 9/3/22 monthly meeting minutes). On 8/16/22, the administrator also posted in staff communication log to look at the glucometer closely to ensure accurate reading is being documented and why it is important (ex: T [REDACTED] insulin gets adjusted based on these readings). This was also included in the monthly staff minutes 9/3.

Effective 8/16/22, the administrator has added a task to [REDACTED] calendar to complete a monthly "med cart check" and compare it to the MAR's to ensure that what is ordered is present inside the medication cart. This will be done on the 15th date of each month beginning 10/15/22 to align with [REDACTED] other medication related checks [REDACTED] completes already such as comparing glucometer readings to logs and checking MAR documentation. At this time, administrator will also ensure that the glucometer remains calibrated with the correct date/time. The attachment shows a picture of the glucometer taken 9/1 at 1330.