

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

March 24, 2023

[REDACTED]  
YOU FIRST PERSONAL CARE LLC  
[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 02/22/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *YOU FIRST PERSONAL CARE* License #: *33723* License Expiration: *02/23/2024*  
 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: *2200 BERNAYS DRIVE, YORK, PA, 17404*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *02/22/2023*

**Inspection Dates and Department Representative**

02/22/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *35* Residents Served: *17*

**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: *16*  
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**02/22/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/06/2023*

**03/07/2023 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *03/24/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/13/2023*

Inspections / Reviews *(continued)*

03/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/30/2023

03/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 15a - Resident Abuse Report

### 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

### Description of Violation

On [REDACTED], an incident of resident to resident abuse occurred. This incident was reported to Staff Member A on [REDACTED]. However, the incident of abuse was not reported to the local area agency on aging until [REDACTED].

### Plan of Correction

**Accept (CR - 03/13/2023)**

On 3/4/23, administrator printed algorithm on page 176 listed in the 2600 regulations. This form was emailed to all staff with an emphasis that it is our duty to report abuse immediately. Administrator posted this on the staff education wall in the kitchen on 3/6/23. Administrator will continue to be the point of contact for any potential abuse related incidents that are reported in the future. Administrator will be responsible for filling out any Act 13 forms and faxing them to OAPS within 48 hours of an incident.

On 03/07/23, administrator called [REDACTED] local ombudsman, and left a voicemail requesting training be scheduled to all staff and residents regarding resident abuse.

On 3/18/23, administrator will provide training to all direct care workers regarding You First Personal Care's policy regarding the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Administrator will review all incidents monthly to ensure that they were reported as required. These reviews will be discussed between the administrator and the owner/manager at our quality management meetings beginning 3/30/23.

Licensee's Proposed Overall Completion Date: 03/30/2023

**Implemented (CR - 03/24/2023)**

## 16c - Written Incident Report

### 2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

### Description of Violation

On [REDACTED], Resident #1 ceased to breathe after being admitted to the hospital. The home did not report this incident to the Department.

### Plan of Correction

**Directed (CR - 03/13/2023)**

On 3/4/23, administrator discovered a "hospital transfer checklist" form that the home's electronic health record has available on their site. Administrator will utilize this form when residents are transferred to the hospital. This checklist includes: "complete an incident report, if indicated."

On 3/4/23 administrator created a folder for reportable incidents. Pages 229-230 from 2600 regulations were printed and are the first pages listed inside.

**16c - Written Incident Report (continued)**

On 03/09/23, administrator reviewed the home's policy on abuse and incident reporting, no revisions were made at that time.

On 3/18/23, administrator will provide training to all direct care workers regarding You First Personal Care's policy regarding the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

On 3/21/23, administrator will begin to review all incidents monthly to ensure that they were reported as required. These reviews will be discussed between the administrator and owner/manager at our quality management meetings beginning 3/30/23.

Administrator will continue to be responsible for reporting incidents within 24 hours each day. Administrator will be responsible for filling out Act 13 forms and faxing them to OAPS within 48 hours of an incident.

Each day, administrator reads staff communication logs that are documented each shift.

(Directed)

- Beginning on 3/11/2023, the administrator will review staff communication logs daily. Any incidents that require Department notification will be documented on a reportable document and sent to the attention of the Department. The daily communication logs are completed by direct care staff on a daily basis via electronic record(s). Electronic record communication logs provides the administrator the ability to review any incidents that may have occurred when the administrator is not in the home.

Directed Completion Date: 03/30/2023

Implemented (CR - 03/24/2023)

**42b - Abuse****3. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED] Resident #2 and Resident #3 were involved in a physical altercation. Resident #1 attempted to intervene when Resident #2 pushed Resident #3, who fell into Resident #1. Resident #3 and Resident #1 both fell backwards hitting their heads on the floor. Resident #1 sustained a hip fracture and traumatic brain injury and ultimately ceased to breathe at the hospital on [REDACTED]

**Plan of Correction**

Accept (CR - 03/13/2023)

On 2/22/23, administrator and manager held a resident meeting. During this meeting we read each resident right and highlighted rights 42b and 42c. We discussed the incident that occurred on [REDACTED]. We went over the home rules and reminded residents that these are in their contracts and signed on admission. We informed them that they will be given one verbal warning before a 30 day discharge notice is given if we observe, or are notified of any resident to resident abuse or resident to staff abuse. We verbalized the importance of treating each other with respect. Administrator and manager plan to ask staff about any abuse they've witnessed at future staff meetings. Our next resident meeting is scheduled for April 22, 2023, which are held every two months. Our next staff meeting is scheduled for March 18, 2023.

**42b - Abuse (continued)**

On 03/07/23, administrator called [REDACTED], local ombudsman, and left a voicemail requesting training be scheduled to all staff and residents regarding resident abuse.

Monthly and beginning 3/15/23, administrator and manager/owner will ask residents to express any concerns they have regarding resident abuse that they have possibly experienced or witnessed; this will be done privately in their rooms while alone or in our office.

On 3/18/23, administrator will provide training to all direct care workers regarding the definition of abuse and the types that exist. They will be reminded that abuse should be reported to the administrator immediately.

**Licensee's Proposed Overall Completion Date: 03/18/2023**

**Implemented (CR - 03/24/2023)**

**42s - Privacy****4. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

The home has video recording in a common area of the home. The camera recording captures residents in the dining room, kitchen and the entrance doorway from the kitchen to the back hallway.

The home has video recording of the home's exterior entrances and exits. Per Staff Member A, residents are not informed at admission that these areas are subject to video recording and the home does not have signs, indicating that images are being recorded, posted in the areas that are being recorded.

**Plan of Correction**

**Directed (CR - 03/13/2023)**

On 3/6/23, manager tilted the camera above medication cart in order to prevent residents from being recorded.

On 2/22/23, administrator and manager held a resident meeting. During this time, they informed residents that a posting will be placed at each outdoor entrance/exit doorway to make everyone aware that they are being recorded for security purposes. They understood that this is necessary to protect their resident right of privacy.

On 3/6/23, manager posted these signs on outdoor building where cameras are located.

On 3/10/23, administrator updated the house rules listed in the resident contract. These were posted where the previous ones are, which is the board in the common area. All new admissions will receive this in their resident contracts.

(Directed)

Beginning on 3/10/23, any new admissions will review the updated home rules in the contract with the administrator.

**Directed Completion Date: 03/10/2023**

**Implemented (CR - 03/24/2023)**

**227d - Support Plan Medical/Dental****5. Requirements**

227d - Support Plan Medical/Dental (*continued*)

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

The assessment for Resident #2, dated [REDACTED], indicates that the resident has minimal to no agitation marked under Behavioral and Cognitive Needs. However, per Staff Member A and Staff Member B, the resident displays agitation and requires staff support through redirection and other positive interventions.

**Plan of Correction****Directed (CR - 03/13/2023)**

On 3/09/23, administrator reviewed all active resident RASPs to ensure the residents' behavioral and cognitive needs reflects the staff support that is provided. Beginning 3/12/23, administrator will notate resident changes in condition that have been reported by staff weekly by retrieving this information from the communication logs.

Effective 3/26/23, administrator will document resident updates and/or changes to RASPs monthly to reflect any changes observed or documented by staff, owner/manager and administrator.

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(Directed)

- Resident #2 was discharged on [REDACTED].

**Directed Completion Date: 03/26/2023****Implemented (CR - 03/24/2023)**

## 228b - Discharge or Transfer

**6. Requirements**

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

**Description of Violation**

On [REDACTED], the home provided Resident #2 with a 30-day advance written notice of intent to discharge. However, the home contacted Resident #2's Power of Attorney (POA) on [REDACTED] and requested Resident #2 be discharged on that date. The home did not obtain a statement indicating a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department.

**Plan of Correction****Accept (CR - 03/13/2023)**

On 02/22/23, the administrator was provided education by DHS inspectors [REDACTED] and [REDACTED] on regulation 2600.

228b. Administrator also reviewed the regulation on this date in the RCG.

Beginning 03/09/23, administrator will contact the department's regional director or physician if there is a reason to believe that the resident cannot continue to live in the home in a safe manner. The physician's certification that a

*228b - Discharge or Transfer (continued)*

*delay in discharge would affect the well-being of others in the home will be kept in the resident's record.*

**Licensee's Proposed Overall Completion Date:** 03/09/2023

***Implemented (CR - 03/24/2023)***