

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

February 20, 2024

[REDACTED], ADMINISTRATOR/ RN
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 01/03/2024 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]

Legal Entity

Name: *YOU FIRST PERSONAL CARE LLC*
 Address: [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: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal, Incident* Exit Conference Date: *01/03/2024*

Inspection Dates and Department Representative

01/03/2024 - 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: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

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: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/03/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/20/2024*

01/25/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/13/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/01/2024*

Inspections / Reviews *(continued)*

02/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/14/2024

02/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. 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] at approximately [REDACTED], Resident #1 informed Staff Member A that Resident #2 punched Resident #1 in the chest. Staff Member B met with both residents and Resident #1 admitted to pushing Resident #2. Resident #2 also admitted to punching Resident #1.

Plan of Correction

Accept [REDACTED] - 02/05/2024)

On [REDACTED], manager relocated Resident #2 to a bedroom in the opposite hallway of Resident #1. Resident #1 and Resident #2 were given a 30 day notice by administrator and manager on [REDACTED]. On [REDACTED], administrator reported abuse incident to the elder abuse phone line and was told to fax the report on [REDACTED], which [REDACTED] did. Resident #2 was discharged on [REDACTED]. Resident #1 was discharged on [REDACTED]. On [REDACTED] at [REDACTED], 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 12/15/23. 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 resident to resident abuse. We verbalized the importance of treating each other with respect. Our next resident meeting is scheduled for March 5, 2024. On 1/31/24 around lunch time, administrator and manager reviewed the following article with residents: <https://ltcombudsman.org/uploads/files/issues/rrm-in-service-training-may-2022.pdf>. This article includes the following points: the definition of resident-to-resident mistreatment (RRM), examples of RRM, the impact of RRM has on residents and staff, risk factors of RRM, recommendations/interventions to avoid RRM and more. On 1/31/24, manager posted this article on the board in our common area as a reference for staff and residents-see attached. This article was also emailed to staff for review and education by administrator on 1/31/24-see attached. The points in this article will be discussed by manager and administrator twice per year during resident meetings beginning 06/2024 and yearly during staff meetings beginning 1/2025.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented ([REDACTED] - 02/17/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 01/03/24 at 3:34 PM, a mobility device was observed installed on Resident #3's bed, with a horizontal opening of 16 ¾ Inches, and vertical opening of 4 ¾ inches, which poses a potential injury or entrapment.

Plan of Correction

Accept [REDACTED] - 02/05/2024)

Resident #3 bed rail was installed 12/14/23. Resident #3 was educated by administrator regarding risk of injury related to having a bed rail-see attached. Effective 1/5/24, manager will ensure new resident bed rails are installed with cover over any opening greater than 4 ¾ inches to prevent injury. Administrator ordered bed rail online on 1/20/24 that has a cover to avoid any opening of more than 4 ¾ inches of being present as attached. Bed rail

81b Resident Personal Equipment (continued)

was installed by manager on 1/26/24 as attached. On 1/26/24, administrator introduced staff to the the bedside mobility policy listed in the policies binder in kitchen. Administrator educated staff about the importance of following the policy to ensure residents with bedrails are not injured due to improper use and/or installation of device.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented () - 02/17/2024)

132e - Fire Drill Sleeping Hours**4. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 5/30/23 at 5:15 AM.

Plan of Correction

Accept () - 02/05/2024)

On 1/5 during our resident meeting, manager and administrator explained the importance of having a fire drill during sleeping hours at least twice per year. Administrator has scheduled the unannounced "sleeping hours" fire drill for 1/26/24 at 6:45am and has been completed see attached. A "sleeping hours" fire drill will be scheduled by administrator and held twice per year to maintain compliance. The next one is scheduled for 6/30/24 at 11pm. Administrator will edit cell phone calendar of monthly fire drills yearly to ensure two fire drills are held during "sleeping hours" beginning 12/2024. On 1/26/24, administrator educated staff about the importance of having fire drills during sleeping hours at least twice yearly.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented () - 02/17/2024)

162c - Menus Posted**6. 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 for the week of 1/1/24 through 1/7/24 was posted in a conspicuous and public place in the home. However, the menu for the following week (1/8/24 through 1/14/24) was not posted.

Plan of Correction

Accept () - 01/25/2024)

On 1/8/24, the administrator posted the menu for 1/8/24 1/14/24 along with the menu for 1/15/24 1/21/24 behind it for reference. Effective 1/8/24, in order to maintain compliance, the administrator will be responsible for posting the menus on the board in the dining room weekly on Mondays.

Licensee's Proposed Overall Completion Date: 01/17/2024

Implemented () - 02/17/2024)

227d - Support Plan Medical/Dental

7. Requirements

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

On 01/03/24, a mobility device was observed installed on resident #4's bed. The resident's assessment dated 4/1/23, does not indicate the resident has a need for the device, nor does the resident's support plan dated 4/1/23 document how this need will be met.

Plan of Correction**Accept ([REDACTED] - 02/05/2024)**

Resident #3 bed rail was installed 12/14/23. Resident # 3 RASP was updated by administrator on 1/5/24 as attached. Administrator will include mobility device in RASP within 30 days of resident admission if applicable effective 1/20/24. Administrator will add an addendum to resident RASP if a mobility device is installed after 30 days of admission effective 1/20/24. Resident rooms with mobility devices will be checked by administrator every 3 months beginning 4/20/2024 to ensure device is in good working condition and resident is still able to use it safely. If the device does not appear to be in compliance with regulations, administrator will consult with manager to inspect device. If the device needs replaced, administrator will place the order and manager will install it within one week after audit. On 1/26/24, administrator introduced staff to the the bedside mobility policy listed in the policies binder in kitchen. Administrator educated staff about the importance of following the policy to ensure residents with bedrails are not injured due to improper use and/or installation of device. Administrator also informed staff that bedside mobility devices can be found in the RASP for each resident with a device present and in use.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented ([REDACTED] - 02/17/2024)