

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

October 15, 2024

[REDACTED], PRESIDENT & CEO  
TREE OF LIFE PERSONAL CARE HOME  
236 NORTH RAILROAD STREET  
HANOVER, PA, 17331

RE: TREE OF LIFE PERSONAL CARE  
HOME  
236 NORTH RAILROAD STREET  
HANOVER, PA, 17331  
LICENSE/COC#: 33854

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/20/2024 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: TREE OF LIFE PERSONAL CARE HOME License #: 33854 License Expiration: 04/24/2025  
 Address: 236 NORTH RAILROAD STREET, HANOVER, PA 17331  
 County: YORK Region: CENTRAL

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: TREE OF LIFE PERSONAL CARE HOME  
 Address: 236 NORTH RAILROAD STREET, HANOVER, PA, 17331  
 Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 01/09/2023 Issued By: Borough of Hanover

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 21 Waking Staff: 16

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 08/20/2024

**Inspection Dates and Department Representative**

08/20/2024 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 52 Residents Served: 21  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

08/20/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/03/2024

09/03/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/07/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/10/2024

Inspections / Reviews *(continued)*

09/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/07/2024

10/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 3c - Post Current License

## 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

## Description of Violation

*On 8/20/2024, the home's licensing inspection summary for the renewal inspection conducted on 11/14/23, was not posted in a conspicuous and public place in the home.*

## Plan of Correction

Accept (█ - 09/10/2024)

*In relation to regulation 2600.3.c*

*Last inspection summary from 11/14/2023 was not posted in a conspicuous place in the home.*

*The reason as to why this happened has been determined to be removal by an unknown source.*

*Inspection summary has now been printed and placed in a public area on the 1st floor of the home.*

*We will prevent this from happening again by having the Administrative Team continuously monitoring the area that the report is located and report any missing information to the PCHA immediately.*

*Administrative team will be made aware by 09/09/2024 at team meeting that this is to be completed after every DHS inspection to ensure this will not happen again.*

*VP of Operations printed and placed in public area on 09/03/2024.*

*Administrative Staff were notified at staff meeting 09/09/2024 to monitor the area.*

**Licensee's Proposed Overall Completion Date:** 09/09/2024

Implemented (█ - 10/15/2024)

## 102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

## 2. Requirements

2600.

- 102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

## Description of Violation

*There is no grab bar, hand rail or assist bar at the following toilets:*

- *The first toilet stall in the second floor ladies room*
- *The first toilet stall in the second floor men's room*
- *The first toilet stall in the third floor ladies room*
- *The first toilet stall in the third floor men's room*
- *The toilet in the bathroom inside room # 301*

## Plan of Correction

Accept (█ - 09/10/2024)

*In relation to Reg 2600.102.d*

*Toilet stalls located on 2nd and 3rd floor men's and ladies restroom, and room 301 do not have handrails or assist bars.*

*This happened because we interpreted the regulations to include the restroom areas that were classified as ADA compliant areas and not all bathroom areas.*

*Maintenance dept was notified on 08/29/2024 that handrails need to be installed in listed areas.*

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)

On August 30, 2024, bathroom handrails were ordered by our maintenance dept and will be installed into the area that did not include the handrails throughout the building by 09/06/2024.

This will be prevented from happening again by ongoing monitoring of all areas that are required to have the handrails/assist bars.

VP of Operations reviewed reg 2600.102d with maintenance dept. on 09/09/24. The handrails will be completed by 09/09/2024.

Maintenace dept will do ongoing monitoring effective 09/09/2024.

Licensee's Proposed Overall Completion Date: 09/09/2024

Implemented [redacted] - 10/08/2024)

123c - Evacuation Diagrams

3. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

There is no emergency evacuation diagram posted on the fourth floor of the home.

Plan of Correction

Accept ( [redacted] - 09/10/2024)

In relation to Reg 2600.123.c

Evacuation diagrams for 4th floor of home were not posted.

This happened due to miscommunication of staff on the responsibility of placing the diagram on the 4th floor.

Maintenace dept was notified on 08/22/2024 that the diagrams were not posted.

Maintenace posted the signs on the 4th floor immediately on 08/22/2024.

We will prevent this from happening again by informing administrative staff to monitor the location of the diagrams and report any issues to PCHA immediately.

On going monitoring will start 09/09/2024 and will be checked monthly.

Licensee's Proposed Overall Completion Date: 09/09/2024

Implemented [redacted] - 10/15/2024)

141a - Medical Evaluation

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for Resident #1, who was admitted to the home on [redacted], was not completed within 60 days prior to admission or within 30 days after admission of the resident, as the exam date was [redacted].

Plan of Correction

Accept ( [redacted] - 09/10/2024)

In relation to Reg 2600.141a

Medical Eval was not completed within the time frame allowed by the dept

This happened due to residents expected move in date being altered from the original expected move in day.

141a Medical Evaluation (continued)

On 08/20/2024 PCHA was made aware of the error and the regulation was reviewed.

To prevent this from happening again, PCHA will review all resident records to ensure there are no more errors in regard to this regulation and become more familiar with time frames allowed for medical evaluations that are determined by the dept.

PCHA will review all resident records by 09/30/2024

This will start for new admissions 09/09/2024 by PCHA within 30 days of admission.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( ) - 10/08/2024)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The medical evaluation for Resident #1, dated ( ), did not have the fields for ability to self administer medications, health status and mobility assessment completed.

The medical evaluation for Resident #2, dated ( ), did not have the fields for birthdate, height, weight and medications completed.

Plan of Correction

Accept ( ) - 09/10/2024)

In relation to Reg 2600.141.a

Medical Evaluation missing required information.

Information on DME forms was not fully complete.

This happened due to physician, physician’s assistant or certified registered nurse practitioner not completing the forms entirely as well as PCHA not verifying that the required information was completed on the form.

On 08/20/2024 PCHA was made aware of the regulation and the missing information.

To prevent this from happening again, PCHA will review all resident records to ensure there are no more errors in regard to this regulation as well as communicate with necessary healthcare providers upon receiving the forms to ensure that there is not missing information.

PCHA will review all current residents by 09/30/2024

PCHA will review medical evaluations within 72 hours of receiving the medical eval. starting 09/09/2024.

141a 1 10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [redacted] - 10/08/2024)

185a - Implement Storage Procedures

6. 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

The glucometer for Resident #1 was reviewed at [redacted] It was not calibrated correctly as the blood glucose reading taken at [redacted] is shown on the glucometer as having been recorded at [redacted].

The glucometer for Resident #4 is not calibrated correctly as the [redacted] blood sugar checks for [redacted] are recorded on the glucometer as being taken at [redacted]

The medication administration record (MAR) for Resident #4 has the following blood glucose levels recorded that do not appear on the resident's glucometer:

- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept [redacted] - 09/10/2024)

In relation to Reg 2600.185.a

Glucometers and record of glucose levels are not accurate.

This happened due to the glucometers not being calibrated correctly.

On 08/22/2024 PCHA was made aware that the glucometers are not showing a record of accurate times and dates as well as the record of the blood sugars not matching the glucometers correctly.

PCHA and direct care staff will review glucometers and recalibrate those that are not accurate.

We will prevent this from happening again by making direct care staff aware that of the calibration violation and inform them to report any uncertainties or errors to the PCHA immediately.

Glucometers recalibrated 09/09/2024.

Lead PCA will monitor the ongoing compliance of the glucometers monthly and report to PCHA starting 09/13/2024.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented [redacted] - 10/15/2024)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 14. Name and initials of the staff person administering the medication.

187a Medication Record (continued)

Description of Violation

The medication administration record (MAR) for Resident #1 was not signed by staff to indicate the prescribed medication [redacted] was administered at [redacted] and the prescribed medication [redacted] was administered at [redacted]

The MAR for Resident # 2 was not signed by staff to indicate that prescribed medications [redacted] were administered on [redacted]

The MAR for Resident #4 was not signed by staff to indicate that the prescribed medications [redacted] were administered at [redacted]. The resident's MAR is not marked to indicate that prescribed [redacted] was administered at [redacted] and prescribed [redacted] were administered at [redacted]

Plan of Correction

Accept [redacted] - 09/10/2024)

In relation to Reg 187.a.

The MAR did not have staff initials to indicate that medications were administered.

This happened due to clerical error of Medication Administering staff member.

On 08/22/2024 PCHA was made aware of these errors.

PCHA will meet with Medication Administering Staff member(s) by 09/06/2024 to educate the importance of accurate record keeping.

To prevent this from happening again PCHA will monitor the MAR to ensure that accurate records are kept for all residents' medication administration.

Lead PCA will monitor the ongoing compliance of the MAR monthly and report to PCHA starting 09/13/2024.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented [redacted] - 10/15/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 has a physician order for blood sugar checks to be taken 2 times per day at [redacted]. However, there are no blood glucose levels recorded for [redacted]

Plan of Correction

Accept [redacted] - 09/10/2024)

In relation to Reg 2600.187.d

Blood sugar checks are not being taken at the ordered times

This happened due to insulin trained staff not following physician orders.

PCHA was made aware on 08/22/2024 at exit conference with DHS inspector.

PCHA will meet with insulin trained staff to educate them on the importance of following physicians orders by 09/06/2024.

To prevent this from happening again PCHA will monitor the glucometer reading records and glucometers to ensure that accurate records are kept for all residents' that are on blood sugar monitoring.

**187d Follow Prescriber's Orders (continued)**

Lead PCA will monitor the ongoing compliance of the glucometers monthly and report to PCHA starting 09/13/2024.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented (█ - 10/15/2024)

**191 - Resident Right to Refuse**

**9. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #1, who was admitted on █ and Resident #3, who was admitted on █, have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**Plan of Correction**

Accept █ - 09/10/2024)

In relation to Reg 2600.191

There is not documentation to support that a resident has been informed of their right to refuse medications. on 09/02/2024 VP of Operations updated the house rules document to BOLD the information about residents right to refuse a medication. VP of Operations also added right to refuse medication to the resident's rights. Both documents were provided to the PCHA. A signature page was also created and shared with PCHA for residents to sign acknowledging that they have received the resident rights and house rules. The signature page will be kept in the resident's file.

PCHA will have provide new document to current residents and implement the new documents for any new residents moving in.

PCHA and VP of Operations reviewed reg 2600.191 09/06/2024.

PCHA will update current residents' rights, inform current residents and have new document signed by 09/16/2024.

PCHA will review new resident records with 72 hours of admission to ensure documentation of education was completed. This will occur within 72 hours of admission beginning 09/09/2024.

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented █ - 10/15/2024)

**224a - Preadmission Screen Form**

**10. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #1 was admitted to the home on █; however, the resident's preadmission screening form was completed on █

Repeated Violation 11/14/23

224a Preadmission Screen Form (continued)

**Plan of Correction**

Accept (█) - 09/10/2024)

*In relation to Reg 2600.224.a*

*Prescreen form was not completed within 30 days prior to admission*

*This happened due to residents expected move in date being altered from the original expected move in day.*

*On 08/20/2024 PCHA was made aware of the error and the regulation was reviewed.*

*To prevent this from happening again, PCHA will review all resident records to ensure there are no more errors in regard to this regulation and become more familiar with time frames allowed for medical evaluations that are determined by the dept by 09/30/2024.*

*On going monitoring of reviewing all new admissions to ensure a prescreen is complete within 30 days prior to admission will be done by PCHA 72 hours prior to admission beginning on 09/13/2024.*

**Licensee's Proposed Overall Completion Date: 09/30/2024**

Implemented (█) - 10/15/2024)

225a - Assessment 15 Days

**11. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*Resident #2's initial assessment, dated █, does not include the resident's need, use and plan to protect the resident from the potential dangers of the enabler/assist bar attached to the resident's bed.*

**Plan of Correction**

Accept (█) - 09/10/2024)

*In relation to Reg 2600.225.a*

*Care Plan was not updated to reflect the use of an enabler/assist bar on resident bed*

*This happened due to PCHA not updating care plan to reflect changes.*

*PCHA was made aware of the missing information on the care plan on 08/22/2024 at DHS exit interview.*

*PCHA will correct care plan to reflect the assist/enabler bar by 09/06/2024.*

*To prevent this from happening again PCHA will update all care plans when needed to show the need, use and plan to protect the resident.*

*The initial audit to make sure all RASPs are up to date will be completed by PCHA by 09/30/2024.*

*On going monitor will be done by PCHA doing quarterly reviews of RASPs starting 09/09/204.*

**Licensee's Proposed Overall Completion Date: 09/30/2024**

Implemented (█) - 10/15/2024)