

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

February 24, 2025

[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 01/08/2025 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: *02/23/2025*
 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: *Borough of Hanover*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Renewal* Exit Conference Date: *01/09/2025*

Inspection Dates and Department Representative

01/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *35* Residents Served: *22*

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: *20*
 Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/08/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/20/2025*

01/22/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/21/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/29/2025*

Inspections / Reviews *(continued)*

01/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/28/2025

02/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42s - Privacy

1. 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

On 1/8/25, at approximately 1:45PM, a camera was observed above the home's medication carts in the dining/common area. Upon further investigation, a video recording dated 1/4/25 was observed from this camera, which shows staff and two residents standing diagonally across from the medication carts near the kitchen area.

Plan of Correction

Accept (█ - 01/27/2025)

On 1/10/25, manager tilted the camera above medication cart in order to prevent residents from being recorded.

On 1/8/25, administrator received education by the department on site regarding use of cameras within the facility.

On 1/8/25, administrator shared this education with manager which included that no residents can be recorded inside of the building.

Beginning 2/22/25, manager will review the camera angle monthly to ensure compliance.

Proposed Overall Completion Date: 01/22/2025

Proposed Overall Completion Date: 02/22/2025

Licensee's Proposed Overall Completion Date: 02/22/2025

Implemented (█ - 02/24/2025)

86b - Bathroom

4. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The men's bathroom located on the first floor does not have an operable ventilation fan, and there are no windows in the bathrooms.

The bathroom located in room 15 does not have an operable ventilation fan, and there are no windows in the bathroom.

Plan of Correction

Accept (█ - 01/27/2025)

On 1/10/25, manager purchased equipment to install exhaust fans. On 1/13/25, manager installed an exhaust fan in men's bathroom on the first floor. On 1/13/25, manager installed an exhaust fan in the bathroom located in room 15. On 1/13/25, manager inspected all bathrooms to ensure exhaust fans are functioning properly; they were. On 2/13/2025, manager will begin inspecting all bathrooms monthly to ensure exhaust fans are working properly.

On 1/8/25, administrator was informed two exhaust fans were not functioning and was educated about the importance of keeping them in use at all times by the department on site. On 1/8/25, administrator shared this education with manager including the importance of ensuring exhaust fans are on in all bathrooms.

Proposed Overall Completion Date: 01/22/2025

Licensee's Proposed Overall Completion Date: 01/22/2025

Implemented (█ - 02/24/2025)

86b - Bathroom (continued)

100b - Removal Snow/Obstructions

5. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/8/25, at approximately 9:15AM, there was an approximate 1-inch accumulation of snow on the exterior steps of exits near rooms 1, 3 and 14.

Plan of Correction

Accept (█) - 01/27/2025)

On 1/10/25, manager removed snow from all entrances/exits while also applying salt to these areas. When it snows in the future beginning 1/22/25, manager will have snow removed from entrances/exits on property the same day. Beginning 1/22/25, a follow up inspection will be performed the following day of snowfall to ensure no additional snow has accumulated on ground of entrances/exits of property. On 1/8/25, administrator was educated by the department on site regarding snow accumulation near exits/entrances. On 1/8/25, administrator shared this education with manager involving the importance of keeping these paths clear for the safety of the residents/staff/visitors.

Proposed Overall Completion Date: 01/22/2025

Licensee's Proposed Overall Completion Date: 01/22/2025

Implemented (█) - 02/24/2025)

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 1/6/25 was posted. However, the following week (1/13-1/19/25) was not posted in a conspicuous and public place in the home.

Repeated Violation - 1/3/24

Plan of Correction

Accept (█) - 01/27/2025)

On 1/13/25, the administrator posted the menu for 1/13/25-1/19/25 as well as the menu for 1/20/25-1/26/25. Effective 1/13/25, the administrator will be responsible for posting two week's worth of menus on the board in the dining room weekly on Mondays. On 1/8/25, administrator received education by the department on site regarding regulation of posting menus. Weekly beginning 1/27/25, administrator will review posted menus to ensure compliance.

Proposed Overall Completion Date: 01/22/2025

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented (█) - 02/24/2025)

181c - Self-administration Assessment

7. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 2 has been self-administering all of [REDACTED] medications since 5/22/24. However, Resident 2 have was not assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications until 1/8/25.

Plan of Correction

Accept ([REDACTED] - 01/27/2025)

On 1/13/25, administrator faxed Resident 2's PCP office a request to complete a new DME for Resident 2. On 1/15/25, signed DME was completed and returned. Beginning 1/13/25, administrator will not allow resident self medication administration until DME is updated and states resident is able to self administer medications. On 1/8/25, administrator received education regarding self medication administration process for those who self administer medications in the home by the department on site. On 1/10/25, administrator reviewed the other 2 resident DME's that self administer; it shows they have been approved to do so by provider. Quarterly beginning 4/2025, administrator will review all resident charts who self administer their medications to ensure compliance.

Proposed Overall Completion Date: 01/22/2025

Licensee's Proposed Overall Completion Date: 01/22/2025

Implemented ([REDACTED] - 02/24/2025)

182b - Prescription Medication

8. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On 12/4, 12/11 and 12/18/24 at 9:00AM, Staff Person C administered Trulicity 0.5ml to Resident 3. However, Staff Person C has not completed the required training to be able to administer subcutaneous GLP-1 agonist medications

Plan of Correction

Accept ([REDACTED] - 01/27/2025)

On 1/10/25, administrator completed a waiver to allow unlicensed direct care staff to administer GLP-1 agonist medications and emailed to [REDACTED] as recommended by inspector. On 1/10/25, administrator notified PCP office a third time that direct care staff are unable to administer GLP-1 agonist medications. On 1/12/25, administrator emailed waiver to [REDACTED] On 1/14/25, administrator revised waiver per [REDACTED] instruction via email as well as provided two of the residents that receive GLP agonist injections the required notice and waiver. On 1/15/25, administrator submitted the notices and revised waiver to [REDACTED] On 1/8/25, administrator received education by the department while on site about unlicensed DCS being unable to administer GLP-1 agonist medications. On 1/21/25, administrator received approved waiver.

Proposed Overall Completion Date: 01/22/2025

182b - Prescription Medication (*continued*)

Licensee's Proposed Overall Completion Date: 01/22/2025

Implemented ([REDACTED] - 02/24/2025)