

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

November 12, 2025

[REDACTED], CEO
TREE OF LIFE PERSONAL CARE HOME
[REDACTED]
[REDACTED]

RE: TREE OF LIFE PERSONAL CARE
HOME
3101 GRANDVIEW ROAD
HANOVER, PA, 17331
LICENSE/COC#: 33879

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2025 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *TREE OF LIFE PERSONAL CARE HOME* License #: 33879 License Expiration: 06/20/2026
 Address: 3101 GRANDVIEW ROAD, HANOVER, PA 17331
 County: YORK Region: CENTRAL

Administrator

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

Legal Entity

Name: *TREE OF LIFE PERSONAL CARE HOME*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 03/03/2025 Issued By: Penn Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 36 Waking Staff: 27

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/10/2025

Inspection Dates and Department Representative

09/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 41 Residents Served: 18

Secured Dementia Care Unit

In Home: Yes Area: Tree of Life Capacity: 41 Residents Served: 18

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 18
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 18 Have Physical Disability: 0

Inspections / Reviews

09/10/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/26/2025

09/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/30/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/01/2025

Inspections / Reviews *(continued)*

10/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/31/2025

11/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

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 9/10/25, a copy of the 2600 regulations was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 10/02/2025)

This happened because staff removed the regulation book to use a reference and did not return to its original location. On 09/10/2025 VP of Operations reminded PCHA that reg book must remain in a conspicuous and public place at all times. To prevent this from happening again maintenance dept has added to their monthly checklist to verify that it remains in its proper location at the entrance of the building.

Immediately the reg book was placed back to its original location on 09/10/2025

Audits started 09/19/2025

Licensee's Proposed Overall Completion Date: 09/29/2025

Implemented (█ - 11/03/2025)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home did not obtain an FBI background check for staff person A, who began working in the home on █ and has not resided in Pennsylvania for 2 years prior to this employment.

Plan of Correction

Directed (█ - 10/02/2025)

It was brought to our attention at the time of inspection that staff person A did not have an FBI check on file. VP of Operations reached out to HR. It was confirmed that a FBI check is on file, however it appears to be that of a child abuse clearance and not the criminal background. Staff person A is working with HR to obtain the correct clearances. This happened due to the incorrect background process completion. This will be prevented in the future by changing the phone screening process to include asking if someone live outside of PA in the past 2 years and if so, ordering the correct service code for Office of Aging background check.

Staff person A has been sent a new FBI clearance to complete 09/29/2025 by HR.

HR was contacted about the incorrect check and the correct background checks are in place 09/29/2025

HR will inquire at time of phone screenings if applicant has lived outside of Pa in the past 2 years, if so, FBI check will be ordered by default to FBI criminal background effective 09/29/2025

[Directed]

- In addition to the above staff, the administrator or designee will educate HR staff on this regulation no later than 10/24/25. Documentation of this education will be kept and available for review by the Department.
- Beginning no later than 10/24/25, the administrator or designee will complete quarterly audits of all new employee records to ensure compliance. Documentation of these audits will be kept and available for review by the Department.

51 - Criminal Background Check (continued)

Directed Completion Date: 10/24/2025

Implemented (█) - 11/12/2025

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

From 11:00 PM on 8/25/25 until 7:00 AM on 8/26/25, none of the staff persons present in the home were certified in first aid and CPR.

Plan of Correction

Directed (█) - 10/02/2025

This happened due to 3rd shift employee not being up to date on trainings. PCHA and Executive Assistant are working together to schedule CPR training to train this employee on CPR and First Aid. To prevent this from happening in the future a spreadsheet has been made to track this training and will be reviewed monthly by executive assistant. 3rd shift employee will be recertified in CPR and First Aid 10/22/2025.

Executive assistant has created a spreadsheet on 09/25/2025 and will audit it monthly to make sure training is up to date starting 10/01/2025

[Directed]

- In addition to the above staff, the administrator or designee will educate the executive assistant on this regulation no later than 10/24/25. Documentation of this education will be kept and available for review by the Department.

Directed Completion Date: 10/24/2025

Implemented (█) - 11/12/2025

162c - Menus Posted

4. 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 current week of 9/7/25 through 9/13/25 was posted. However, the next week's menu was not posted.

Plan of Correction

Directed (█) - 10/02/2025

This happened due to miscommunication between PCHA, Executive Assistant and VP of Operations. This has been corrected immediately by discussing the regulation and stressing the importance. Menus will be posted on a 2-week basis going forward to cover the overlap of weeks. This was completed immediately by Executive Asst 09/10/2025.

Education was provided of the regulations on 09/12/2025 by VP of Operations to Executive Asst.

Executive Asst has added a reminder to her calendar to ensure ongoing monitoring on 09/19/2025

162c - Menus Posted (continued)

[Directed]

- Beginning no later than 10/24/25, the executive assistant or designee will complete weekly audits of posted menus. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 10/24/2025

Implemented (█) - 11/12/2025

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed blood glucose checks once daily in the morning. However, on 9/3/25, the MAR (medication administration record) for resident #1 has "error" written with an illegible number crossed out for the 7:00 AM Accucheck. There was no blood glucose reading on the glucometer for resident #1 on 9/3/25.

Plan of Correction

Accept (█) - 09/24/2025

The administrator will do a monthly audit on all blood sugar results. The Med administrators were retrained on documenting blood sugar results. PCHA will create an audit tool. Audits are monthly starting on 9/15/25. This will be ongoing for the year. The training was done immediately on 9/12/25.

Licensee's Proposed Overall Completion Date: 09/23/2025

Implemented (█) - 11/03/2025

251c - Standardized Forms

6. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #1's initial medical evaluation, dated █, was not completed on the Department's current standardized form, HS2136.

Plan of Correction

Directed (█) - 10/02/2025

This happened due to not receiving emails and updates from list serv. Inspector has forwarded the link to sign up again for this email list, however there was no way to confirm it is working. The old version of the DME forms have been removed from the building and the new forms will be used going forward from 09/10/2025. The form for Resident 1 has been sent to PCP for completion and is now on record in resident file.

New DME form has been completed 08/18/2025

PCHA will monitor all DME to ensure correct for is used for future begins 09/10/2025

[Directed]

- In addition to the above staff, the administrator or designee will complete an initial audit of all DMEs completed after 7/1/25 to ensure the correct DME form was used. This will be completed by 10/24/25. Documentation of this audit will be kept and available for review by the Department.

251c - Standardized Forms (continued)

- *Beginning no later than 10/24/25, the administrator or designee will complete quarterly audits of all current DMEs to ensure compliance. Documentation of these audits will be kept and available for review by the Department.*
- *The administrator was educated on this regulation during the survey on 9/10/25 by the inspector.*

Directed Completion Date: 10/24/2025

Implemented (█ - 11/12/2025)