

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

September 1, 2026

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2026 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 #: 33879

License Expiration: 06/20/2027

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 Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 54

Waking Staff: 41

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 07/09/2026

Inspection Dates and Department Representative

07/09/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 41

Residents Served: 27

Secured Dementia Care Unit

In Home: Yes

Area:

Tree of Life Personal Care
Home

Capacity: 41

Residents Served: 27

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 25

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 27

Have Physical Disability: 0

Inspections / Reviews

07/09/2026 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/06/2026

Inspections / Reviews (*continued*)

08/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/12/2026

08/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/31/2026

09/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

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] Resident [REDACTED] grabbed Resident [REDACTED] by the arms and pushed [REDACTED] to the floor. Staff reported hearing screaming and seeing Resident [REDACTED] "fly backwards", hitting [REDACTED] head on the floor. A bruise was observed on Resident [REDACTED] right arm. There were no staff present in the room when this incident occurred.

On [REDACTED] staff were notified by a visitor that cursing and a possible fall was heard in a bedroom. Staff responded and found Resident [REDACTED] standing over Resident [REDACTED] in Resident [REDACTED]'s room. Resident [REDACTED] had [REDACTED] right hand around Resident [REDACTED]'s neck, and [REDACTED] left hand on Resident [REDACTED]'s arm. Resident [REDACTED] sustained injuries including scratches and swelling to the left cheekbone, left temple, left ear, and scratches on [REDACTED] neck.

Plan of Correction

Accept [REDACTED] - 08/13/2026)

1. 42b – abuse

Root Cause:

Incident from 4/9/2026 – Resident [REDACTED]'s physical aggression during an escalating resident conflict

Incident from 5/10/2026 - The incident resulted from resident to resident physical aggression by resident [REDACTED] who assaulted another resident before staff became aware of and could intervene.

Immediate Corrective Action:

- Upon identification of each incident, staff immediately separated the residents involved, assessed each resident for injuries, provided any necessary medical attention, notified the residents' physicians and responsible parties, and completed all required incident reports and notifications in accordance with state regulations and facility policy.

1 – Resident [REDACTED] and resident [REDACTED]

- Resident [REDACTED] On 4/10/26 POA was called by administrator and asked for [REDACTED] to schedule doctor appointment for evaluation by resident [REDACTED] psychiatrist. Appointment was completed on 4/15/2026 with no medication change. All staff instructed to increase monitoring and encourage both residents to go to activities, so they are more visible and not alone in rooms. All staff instructed to report any signs, symptoms, concerns or changes to the lead med techs. Lead med techs to notify administrator and psychiatrist immediately.

2 – Resident [REDACTED] and resident [REDACTED]

- Staff immediately called administrator and were instructed by administrator to call 911 and send both residents to the emergency room for evaluation. Both residents returned to community the same day with no new med changes.
- Resident [REDACTED] on 5/11/2026 administrator called POA and requested another appointment be made with psychiatrist. On 5/11/26 POA called psychiatrist to make an appointment but was instructed by psychiatrist to have resident [REDACTED] go to Lebanon for an inpatient stay in the psychiatric wing. Resident [REDACTED] left the afternoon of 5/11/26 for an inpatient stay and returned to community on 5/15/26 with new medication orders. All staff instructed to continue to monitor resident [REDACTED] and report any findings to lead med techs. Lead med techs to notify administrator and psychiatrist immediately.

Measures to Prevent Recurrence:

The facility will implement the following measures to reduce the risk of future resident-to-resident abuse:

Beginning 8/1/2026

- All staff will receive re-education on recognizing, preventing, and responding to resident to resident abuse,

42b - Abuse (continued)

including identifying behavioral triggers, early intervention techniques, de-escalation strategies, appropriate supervision, reporting requirements, and documentation expectations.

- Service plans will be reviewed and updated to include appropriate interventions, supervision levels, environmental modifications, and behavior management strategies as indicated. Completed 7/10/26 by administrator.
- Staff will increase monitoring of residents identified as being at risk for aggressive or vulnerable behaviors, particularly during high risk times and in common areas.
- The Administrator or designee will review all incidents involving resident behaviors to identify patterns or trends and will implement additional interventions as needed.
- The facility will reinforce its abuse prevention policy during orientation for all new employees and during annual mandatory education.
- Request for protective boxes to be placed on all fire extinguishers in the home. Boxes installed 5/21/26

Monitoring

- Beginning 8/1/2026 the Administrator or designee will conduct weekly audits of incident reports, service plan updates, and staff documentation for four weeks, followed by monthly audits to verify continued compliance. VP will be given a copy of chart audits by the end of each month.
- Increased supervision to include encouraging resident to attend activities, staff to engage with resident at times when there are no activities and more frequent checks implemented on 5/10/26.
- Resident [REDACTED] was sent to the hospital on 8/5/26 due to an incident involving another resident. Family came on 8/7/26 to remove resident's belongings as the hospital was looking to help find another memory care unit for resident.

Responsible Person:

Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 08/31/2026)

42s - Privacy**2. 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 of common areas accessible to residents within the home including the living room.

Plan of Correction

Accept [REDACTED] - 08/13/2026)

2. 42s – Privacy

Root Cause: Cameras have ability to see residents at times when the residents are near the exits where the cameras are viewing.

Immediate Corrective Action:

- Administrator checked all entrances to ensure signs were visible to inform everyone who enters the building that video surveillance was present in the building. Completed 7/10/26

Measures to Prevent Recurrence:

Beginning 8/1/2026

- Consent forms will be sent to all current resident responsible parties to be signed and placed in resident's chart.

42s - Privacy (continued)

- Consent form to be signed for any new admissions to community at time of contract signing and kept in resident's chart.

Monitoring:

- Beginning 8/1/2026 Chart audits will be completed monthly by administrator or designee to ensure informed consent is present in chart.
- By the end of each month VP will receive copy of monthly chart audits to ensure compliance.

Responsible Person:

Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 08/31/2026)

141a - Medical Evaluation**3. 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

Resident [REDACTED] medical evaluation, dated [REDACTED] did not indicate if the resident's needs can be safely met at the personal care home.

Resident [REDACTED]'s medical evaluation, dated [REDACTED], did not indicate if the resident's needs can be safely met at the personal care home.

Plan of Correction

Accept [REDACTED] - 08/13/2026)

3. 141a – Medical evaluation – indication that residents needs can be met in personal care

Root Cause: Administrator failed to review documentation to ensure accuracy and completion

Immediate Corrective Action:

Both DME's updated on 7/10/26 that residents' needs can be met in personal care

- All charts audited to ensure residents needs can be met in personal care. Completed 7/10/26 by administrator

Measures to Prevent Recurrence:

Beginning 8/1/2026

- During admission, significant change and with yearly evaluations administrator will thoroughly review documentation of medical evaluations to ensure compliance.

Monitoring:

- Beginning 8/1/2026 10% of charts will be audited and will be conducted by administrator or designee to ensure compliance.
- By the end of each month VP will receive a copy of the monthly audits to ensure compliance.

Responsible Person:

Administrator and/or designee

Licensee's Proposed Overall Completion Date: 08/28/2026

141a Medical Evaluation (continued)

Implemented () - 08/31/2026

187a Medication Record

4. Requirements

2600.

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

9. Administration times.

Description of Violation

On () and (), the medication administration record for Resident () indicated administration of () at 12:00 PM. However, the narcotic record for () and () indicated this medication was administered at 2:00 PM.

Plan of Correction

Accept () - 08/05/2026

4. 187.a. Medication Record

Root Cause: The root cause was inconsistent medication documentation, resulting in conflicting administration times between the Medication Administration Record and the controlled substance record.

Immediate Corrective Action:

- *Discrepancy noted in February and March of 2026. Current Medication record audited to ensure documentation accurate. Completed 7/10/26 by Administrator.*
- *A second verification process implemented whereby the lead med tech or designated person reviews all new physician orders and corresponding MAR entries within 24 hours to ensure medication name, dose, route, frequency, administration time, and other required information are accurately documented.*

Measures to Prevent Recurrence:

Beginning 8/1/2026

- *The facility will review its medication transcription process and reinforce the requirement that all physician orders be accurately transcribed to the MAR, including the prescribed frequency and administration times. All staff authorized to administer medications will receive re-education on medication record requirements, physician order verification, transcription accuracy, and documentation standards. To be completed by 8/14/2026*

• *Monitoring:*

The Lead med tech or designee will audit resident 10% of medication records each week to verify that medication frequencies and administration times are correctly documented and consistent with physician orders.

- *Administrator will audit 10% of MAR's each month. Monthly audits will be given to VP by the end of each month to ensure compliance.*

Responsible Person:

Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 08/14/2026

Implemented () - 08/31/2026

187b Date/Time of Medication Admin.

5. Requirements

2600.

187b Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [REDACTED] at 12:00 PM, Resident [REDACTED] was administered [REDACTED]. However, this administration was not documented until after 8:00 PM on [REDACTED].

On [REDACTED] at 12:00 PM, Resident [REDACTED] was administered [REDACTED]. However, this administration was not documented until after 12:00 PM on [REDACTED].

On [REDACTED] at 8:00 PM, Resident [REDACTED]'s May 2026 Medication Administration Record (MAR) indicated [REDACTED] was not administered as this medication was not available in the home. On [REDACTED] the home received a refill of this medication from the pharmacy, and the first dose was administered [REDACTED] at 8:00 AM. However, staff documented that this medication was administered to the resident from [REDACTED] at 8:00 PM to [REDACTED] at 8:00 AM when the medication was not available in the home as follows:

[REDACTED] the MAR indicated administration at 8:00 AM and 8:00 PM. The same is documented on the narcotic log.
[REDACTED] the MAR indicated administration at 8:00 AM and 8:00 PM. The narcotic log only lists an 8 AM administration on this date.

[REDACTED] the MAR indicated administration at 8:00 PM. There are no entries on the narcotic log for this date.

[REDACTED] the MAR indicated administration at 8:00 PM. There are no entries on the narcotic log for this date.

[REDACTED] the MAR indicated administration at 8:00 AM, 12:00 PM and 8:00 PM. There are no entries on the narcotic log for this date.

Plan of Correction

Accept [REDACTED] - 08/05/2026)

5. 187.b. Date and time of medication administration

Root Cause: The root cause was a breakdown in medication documentation and controlled substance accountability processes. Staff did not consistently document Tramadol administration at the time of administration and documented doses that could not have been administered because the medication was not available.

Immediate Corrective Action:

- Upon identification of the deficiency, the residents' current medication orders and Medication Administration Record (MAR) were immediately reviewed to ensure all medications were being administered exactly as prescribed

Measures to Prevent Recurrence:

Beginning 8/1/2026

- The facility will reinforce its medication administration policy with all staff authorized to administer medications. Education included verifying physician orders before medication administration, following the rights of medication administration, accurately documenting administration on the MAR, recognizing and reporting medication errors, and promptly notifying the appropriate individuals when an error is identified. To be completed by 8/14/2026 by administrator.

- Effective immediately, all new physician orders and medication changes will be reviewed by the Lead med tech before implementation to verify that the MAR accurately reflects the current order. Staff will be expected to report any discrepancies immediately so corrections can be made before medications are administered.

- Medication administration competency will be reviewed with all medication administration staff, including observation of medication passes and documentation practices. Staff requiring additional support will receive retraining and competency validation before independently administering medications.

Monitoring:

- Beginning 8/1/2026 The Lead med tech or designee will complete weekly medication administration audits by reviewing 10% physician orders and MARs. Audits will verify that medications are administered according to the

187b - Date/Time of Medication Admin. (continued)

prescribed orders and documented accurately.

- Administrator will audit 10% of MAR's every month and a copy of the audits will be given to the VP to ensure compliance.
- Audits will be corrected immediately, and additional education or disciplinary action will be implemented as warranted. Audits will be reviewed monthly by administrator or designee and a copy will be given to VP by the end of each month to ensure compliance.
- Medication administration competency will be reviewed every 6 months with all medication administration staff, including observation of medication passes and documentation practices. Staff requiring additional support will receive retraining and competency validation before independently administering medications.

Licensee's Proposed Overall Completion Date: 08/14/2026

Implemented [REDACTED] - 08/31/2026)

187d - Follow Prescriber's Orders**6. Requirements**

2600.

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

Description of Violation

On [REDACTED], Resident [REDACTED] was prescribed [REDACTED], take 1 tablet 3 times a day, rotate doses between [REDACTED]. However, this medication was not administered to Resident [REDACTED] until [REDACTED] at 2:00 PM.

On [REDACTED], Resident [REDACTED] was prescribed [REDACTED], take one tablet, three times a day.

-The first dose of this medication was not administered until [REDACTED] at 12:00 PM.

- This medication was not administered from [REDACTED] until [REDACTED] due to this medication not being available in the home.

On [REDACTED] at 2:00 PM, Resident [REDACTED] was to receive [REDACTED] by mouth every 6 hours while awake, for restlessness). However, the resident was instead administered [REDACTED] tongue every 1 hour as needed for pain or shortness of breath).

Repeated Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] 08/13/2026)

6. 187d Follow prescribers orders

Root Cause: The root cause was a failure of the medication management system to ensure prescribed medications were obtained, available, verified, and administered according to prescriber orders.

Immediate Corrective Action:

- Upon identification of the deficiency, the resident's physician orders were reviewed and compared with the Medication Administration Record to ensure accuracy and compliance.
- Effective immediately, all new physician orders and medication or treatment changes will be reviewed by the lead med techs prior to implementation to verify that the MAR accurately reflect the prescriber's directions. A second-person verification process will be used for all new medication orders and significant treatment changes.

Measures to Prevent Recurrence:

187d Follow Prescriber's Orders (continued)

Beginning 8/1/2026

- Lead med tech or designee to ensure medications arrive in facility within 24 hours. If medications are not in facility, lead med tech to reach out to pharmacy to determine why and make administrator aware. Lead med tech, administrator or designee to update doctor to determine next steps.
- The facility will review and reinforce its policy requiring all physician orders to be implemented exactly as prescribed. All medication administration staff and supervisors will receive education on accurately interpreting physician orders, timely implementation of new or changed orders, proper documentation, and the requirement to clarify any unclear or incomplete orders with the prescriber before implementation. To be completed by 8/14/2026 by administrator.

Monitoring:

- The lead med tech or designee will conduct weekly audits of 10% of MAR's to verify that physician orders have been accurately transcribed and implemented as prescribed. Any deficiencies identified during the audits will be corrected immediately, and staff will receive additional education and competency review as needed.
- Administrator to audit 10% of MAR's each month. A copy of the audit will be given to VP to ensure compliance.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 08/31/2026)

225a - Assessment 15 Days**7. 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 [REDACTED]'s initial assessment, dated [REDACTED], indicated N/S for all psychical and psychological medical diagnoses.

However, Resident [REDACTED]'s medical evaluation, completed on [REDACTED] indicated Resident [REDACTED] has [REDACTED], [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] 08/05/2026)

7. 225.a. Assessment 15 day

Root Cause: Administrator failed to ensure accuracy and completion of the resident assessment and support plan.

Immediate Corrective action:

- The initial assessment for Resident [REDACTED] was reviewed and revised to accurately reflect the resident's documented medical diagnoses, including [REDACTED], and [REDACTED] as identified in the medical evaluation dated 6/28/25.
- The Administrator/Personal Care Home Administrator (PCHA) reviewed all current resident initial assessments against the corresponding medical evaluations and physician documentation to ensure diagnoses were accurately documented. Any discrepancies identified were corrected immediately.

Measure to prevent Recurrence:

Beginning 8/1/2026

- The Administrator will appoint lead med techs to as staff responsible for completing resident assessments on the requirements of 55 Pa. Code § 2600.225(a), emphasizing that the initial assessment must accurately reflect the resident's documented medical conditions and be completed using information obtained from the medical

225a Assessment 15 Days (continued)

evaluation, physician documentation, and other available records.

- The Administrator/designee will review all new resident initial assessments for accuracy and completeness prior to finalization or within 24 hours of completion by comparing the assessment to the resident's medical evaluation and admission documentation.

Monitoring:

- Monthly audits of all new admissions will be conducted by the administrator. Audit will be deficiencies will be corrected promptly.
- Monthly audits will be given to VP at the end of each month to ensure compliance.

Licensee's Proposed Overall Completion Date: 08/05/2026

Implemented [REDACTED] - 08/31/2026)

225c - Additional Assessment**8. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The assessment for Resident [REDACTED] dated [REDACTED], indicated the resident has minimal behavioral/cognitive needs related to [REDACTED]. However, Resident [REDACTED] has been physically aggressive toward other residents in the home on [REDACTED], [REDACTED], and [REDACTED]. Addendums were added to indicate the incidents occurred; however, the residents behavioral or cognitive needs have not been updated.

The medical evaluation for Resident [REDACTED] dated [REDACTED], indicated the resident is on hospice services. However, the resident's assessment, completed [REDACTED], was not updated to reflect the resident's change in status.

Resident [REDACTED]'s assessment, dated [REDACTED], indicated the resident has no personal care needs related to ambulating. However, per Resident # [REDACTED]'s medical evaluation, completed [REDACTED], Resident [REDACTED] is diagnosed with [REDACTED]. [REDACTED] has a history of falls, and utilizes a wheelchair. Hospital records indicated Resident [REDACTED] fell at the end of November 2025 causing an elbow fracture. A week later, the resident fell again and sustained a brain bleed. On [REDACTED] the resident fell causing a shoulder injury, bruising, and swelling. Resident # [REDACTED]'s assessment was not updated to include the resident's personal care needs for ambulation or use of a walker and wheelchair until [REDACTED].

Plan of Correction

Accept [REDACTED] - 08/13/2026)

8. 225c additional Assessment:

Root Cause: Administrator failed to ensure accuracy and completion of the resident assessment and support plan.

Immediate Corrective Action:

- Resident [REDACTED] assessment was revised to reflect the resident's behavioral and cognitive needs related to documented episodes of physical aggression and the interventions necessary to safely manage those behaviors.
- Resident [REDACTED] assessment was updated to reflect the resident's enrollment in hospice services and the resulting

225c - Additional Assessment (continued)

changes in care needs.

- Resident [REDACTED] assessment was revised to accurately reflect the resident's ambulatory dysfunction, wheelchair use, history of falls, and increased personal care and supervision needs related to mobility and fall prevention.

Measure to prevent Recurrence:

Beginning 8/1/2026

- The Administrator will appoint lead med techs to as staff responsible for completing resident assessments on the requirements of 55 Pa. Code § 2600.225(a), emphasizing that the initial assessment must accurately reflect the resident's documented medical conditions and be completed using information obtained from the medical evaluation, physician documentation, and other available records.
- The Administrator/designee will review all new resident initial assessments for accuracy and completeness prior to finalization or within 24 hours of completion by comparing the assessment to the resident's medical evaluation and admission documentation.
- Administrator or designees will hold monthly care plan meetings to go over residents care needs and any changes with the residents. These changes will be thoroughly discussed, and any changes will be added to the care plan.

Monitoring:

- Monthly audits of all new admissions and 10% of current residents assessments will be conducted by the administrator. Audit will be deficiencies will be corrected promptly.
- Monthly audits will be given to VP at the end of each month to ensure compliance.

Responsible Person:

Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 08/31/2026)