

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

September 28, 2026

[REDACTED], ADMINISTRATOR/ RN
YOU FIRST PERSONAL CARE LLC
337 FREDERICK STREET
HANOVER, PA, 17331

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 08/19/2026 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: YOU FIRST PERSONAL CARE

License #: 33723

License Expiration: 02/23/2027

Address: 337 FREDERICK STREET, HANOVER, PA 17331

County: YORK

Region: CENTRAL

Administrator

Name:

Phone:

Email:

Legal Entity

Name: YOU FIRST PERSONAL CARE LLC

Address: 337 FREDERICK STREET, HANOVER, PA, 17331

Phone:

Email:

Certificate(s) of Occupancy

Type: Other

Date: 11/30/2020

Issued By: Borough of Hanover

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 16

Waking Staff: 12

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 08/19/2026

Inspection Dates and Department Representative

08/19/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 35

Residents Served: 16

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 2

Are 60 Years of Age or Older: 16

Diagnosed with Mental Illness: 12

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

08/19/2026 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 09/06/2026

09/09/2026 - POC Submission

Submitted By:

Date Submitted: 09/25/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 09/16/2026

Inspections / Reviews (*continued*)

09/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/25/2026

09/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8/19/26, at 9:02 AM, there was a piece of paper that was unlocked, unattended and accessible on top of the medication cart that included resident names, weights and blood pressures including for Resident #1, #2 and #3.

Plan of Correction

Accept () - 09/09/2026)

On 8/20/26, administrator educated staff member on duty regarding the importance of maintaining resident record confidentiality at all times. This included exploring a different way to store documentation surrounding the medication administration process. For example, vital signs can be documented on paper and stored inside the locked medication cart if it is left unattended, or the staff member's pocket. On 9/1/26, administrator educated the remaining staff members about the importance of maintaining resident record confidentiality at all times. Beginning 9/3/26, administrator will perform weekly observations of the top of medication carts to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/05/2026

Implemented () - 09/28/2026)

60a - Staff/Support Plan

2. Requirements

2600.

- 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 8/10/26, 8/12/26, 8/13/26 and 8/15/26 from 11:00 PM to 7:00 AM, there were no staff trained in medication administration present in the home. There are no scheduled medications at the home during this time; however, the following residents have these medications scheduled pro re nata (PRN):

- Resident #4: Albuterol HFA inhaler as needed for wheezing/shortness of breath and Mucus Relief ER 600mg as needed for cough.*
- Resident #5: Albuterol HFA inhaler as needed for wheezing/shortness of breath.*

Plan of Correction

Accept () - 09/17/2026)

On 8/20/26, administrator was educated my inspector regarding the need to have a med tech available in the home at all times, due to possibly needing to administer PRN medications. Staff Member A's last annual practicum was completed 7/9/25. most recent medication administration observation and MAR review was on 1/9/26. On 9/5/26, administrator/train the trainer completed a medication observation and MAR review for Staff Member A. Beginning 9/6/26, administrator/train the trainer will complete quarterly staff training review to ensure compliance. Beginning 9/16/26, administrator will review schedule weekly before posting to ensure there is a med tech available on-site at all times.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/28/2026)

65i - Training Record

3. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Staff Member B's training record does not include the first day orientation on the following topics:

- 1. Evacuation procedures.*
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.*
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.*
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.*
- 5. The location and use of fire extinguishers.*
- 6. Smoke detectors and fire alarms.*
- 7. Telephone use and notification of emergency services.*

Per staff interviews, Staff Member B received these trainings, but it wasn't documented in Staff Member B's training record.

Plan of Correction**Accept () - 09/17/2026)**

On [REDACTED] Staff Member B received the beginning of [REDACTED] required first day orientation training. On 8/20/26, administrator received education by inspector regarding necessary training documentation related to the first day orientation topics for new hires. On 8/21/26, Staff Member B signed confirming this training was received on [REDACTED] Beginning 9/3/26, administrator will review all staff education quarterly to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/28/2026)

81b - Resident Personal Equipment

4. 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

Resident #5 had an enabler bar attached to [REDACTED] bed. The uncovered enabler bar had an opening measuring 10.5 inches in width and over 20 inches in length, posing an entrapment risk.

81b Resident Personal Equipment (continued)**Plan of Correction****Accept () - 09/17/2026)**

On 8/20/26, administrator and staff member on duty noted Resident #5's enabler bar cover was on Resident #5's walker near the closet. On 8/20/26, administrator moved cover and placed it back over Resident #5's enabler bar present on bed. On 8/20/26, administrator educated Resident #5 about the importance of maintaining cover over enabler bar, and the risk of injury related to not having the cover on. On 9/1/26, administrator educated staff about the importance of educating resident(s) with enabler bars to keep the cover on, and to notify administrator if cover not present. This education included following the bed rail policy to ensure residents with bedrails are not injured due to improper use. Effective 9/3/26, administrator will perform monthly checks to enabler bars in resident rooms to ensure compliance is being met.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/28/2026)**82a - Poisonous Materials****5. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 8/19/26, at 9:20 AM, there was green spray bottle with a hand written label affixed to the bottle, stating the contents are Pine Sol and water.

Plan of Correction**Accept () - 09/09/2026)**

On 8/20/26, administrator placed green spray bottle into locked laundry room. On 9/1/26, administrator dumped solution contents and disposed of bottle. On 9/1/26, administrator educated staff about the importance of keeping poisonous materials, such as cleaning products in their original labeled containers. Beginning 9/3/26, administrator will perform monthly checks of unlocked poisonous materials to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented () - 09/28/2026)**88a - Surfaces****6. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 8/19/26, at the top of the rear stairwell with the chairlift, the wall is damaged with crumbling and peeling plaster from water damage. The ceiling tile in the stairwell on the other side of the stairwell threshold has brown staining from water damage and the tile is bowed.

Plan of Correction**Accept () - 09/17/2026)**

On 8/20/26, administrator was educated by inspector regarding damage to plaster and ceiling tile. On 8/31/26,

88a - Surfaces (continued)

administrator reached out to contractor regarding repairs to wall plaster and ceiling tile. On 8/31/26, contractor stated [REDACTED] will have a quote available for administrator to review regarding repairs by the end of September 2026. Contractor also stated that [REDACTED] is more than likely able to complete repairs by the end of 2026. Beginning 9/10/26, administrator will reach out to handyman quarterly to complete an inspection of surfaces in the building; handyman will then inform administrator of any concerning areas that need repaired.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented ([REDACTED]) - 09/28/2026)

125b - Combustible Restrictions**7. Requirements**

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 8/19/26, at 9:20 AM, there was a bottle of stainless steel cleaner unlocked, unattended and accessible in the plastic cabinet located in the hallway behind the kitchen. The manufacturer's label states, "Extremely flammable, contents under pressure. Do not puncture or incinerate, Do not use of store near heat, sparks, open flame, red hot surfaces or other sources of ignition, in direct sunlight or where temperatures will exceed 122 degrees Fahrenheit."

Plan of Correction

Accept ([REDACTED]) - 09/17/2026)

On 8/20/26, administrator placed bottle of stainless steel cleaner into locked laundry room. On 9/1/26, administrator educated staff about the importance of keeping combustible materials locked and inaccessible to residents. Beginning 9/3/26 and monthly, administrator will review unlocked materials to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented ([REDACTED]) - 09/28/2026)

132b - Safety Inspection/Fire Drill**8. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill by a fire safety expert was conducted on 11/16/25 and the prior fire safety inspection and fire drill by a fire safety expert was conducted on 7/31/24.

Plan of Correction

Accept ([REDACTED]) - 09/17/2026)

On 8/20/26, administrator received education by inspector regarding what the term "annual" means and grace period surrounding it, specifically related to annual fire inspections. By the end of October 2026, administrator will email fire captain at Hanover Fire & Rescue regarding the scheduling of our yearly fire inspection. This email will include the request to have the fire safety inspection completed between 10/15/26-11/15/26. Beginning 11/15/26,

132b - Safety Inspection/Fire Drill (continued)

administrator will ensure the process has begun regarding scheduling the annual fire safety inspection at least one month prior to the annual/365 day requirement to ensure compliance is being met.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/28/2026)

132c - Fire Drill Records**9. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The supervised fire drill conducted on 11/16/25 by a fire safety expert was not recorded on the fire drill log and various information was not captured such as the evacuation time, exit routes used, number of residents in the home at the time, number of residents evacuated, number of staff participating and whether the fire alarm or smoke detector was operative.

Plan of Correction

Accept () - 09/17/2026)

On 8/20/26, administrator received education by inspector regarding the importance of logging all fire drills on the log form despite who performed it. On 8/20/26, administrator printed out the supervised fire drill and fire-safety inspection form from the DHS website. On 9/3/2026, administrator made copies of this form in order to have it available for completion annually. The administrator will request this form be completed by the fire expert that conducts the supervised fire drill in 11/2026 and annually afterwards. Beginning 9/3/26, administrator will conduct a review of the fire safety inspection requirements and forms every 6 months to ensure compliance is met.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/28/2026)

183b - Meds and Syringes Locked**10. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 8/19/26, at 9:02 AM, there were two lockboxes unattended and accessible, located on the top of the medication cart with the key in each lock. The lockboxes contained medications including Resident #2's Cholecalciferol 25 mcg, Cyanocobalamin 1000 mcg and aspirin 81mg as well as Resident #7's Iron, Folic Acid and aspirin 81mg.

On 8/19/26, at 9:37 AM, there was a tube of oral pain relief and a bottle of Tums 72 count chewable tablets that was unlocked, unattended and accessible. Resident #8 is not assessed as being able to self-administer medications.

On 8/19/26, at 9:50 AM, Resident #7's bottle of 81 mg aspirin, ferrous sulfate and bottle of Zeasorb AF was found in

183b - Meds and Syringes Locked (continued)

the bathroom Resident #7 shares with Resident #6. Resident #6 is not assessed as being able to self-administer medications.

On 8/19/26, at 2:00 PM, there was a bottle of Tylenol 8 hours extended relief caplets unlocked, unattended, and accessible in Resident #9's room. Resident #9 is not assessed as being able to self-administer medications.

Plan of Correction**Accept () - 09/09/2026)**

On 8/21/26, administrator removed lockboxes from the top of medication cart and placed them inside of medication cart. On 8/22/26, administrator instructed staff member on duty to remove contents of Resident #7's lockbox and place them inside of med cart, then place empty lockbox in office. On 8/24/26, administrator educated Resident #7, Resident #8 and Resident #9 about the importance of keeping room free of unlocked medications. On this day, Resident #7 stated () disposed of medications in room. Resident #9 stated () handed the medication to staff member for storage inside of medication cart. Resident #8 asked administrator to keep medications in office until () can pick them up. Resident #7, Resident #8 and Resident #9 are able to self administer medications per DME. However, their RASP states they are unable to self administer medications. On 9/5/26, administrator updated Resident #7, Resident #8 and Resident #9's RASP to match DME data. On 9/1/26, administrator educated staff to look out for unlocked medications in rooms and report to administrator immediately. Beginning 9/5/26, administrator will perform quarterly room checks to ensure compliance is being met.

Licensee's Proposed Overall Completion Date: 09/05/2026

Implemented () - 09/28/2026)**185a - Implement Storage Procedures****11. 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

Resident #5 is prescribed Acetaminophen 325mg as needed for pain. However, on 8/19/26, this medication was not available in the home.

Plan of Correction**Accept () - 09/17/2026)**

On 9/5/26, administrator faxed a request to Resident #5's PCP to discontinue Acetaminophen 325mg. Resident #5 has two orders of Acetaminophen causing this to be a duplicate. Beginning 9/5/26, administrator will complete med cart audits monthly including comparing medications with MARs to ensure they match, and to maintain compliance. On 9/9/26, administrator educated med techs on the importance of reporting medications in cart without an order present and vice versa.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/28/2026)**190b - Insulin Injections****12. Requirements**

2600.

190b Insulin Injections (continued)

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On the following dates and times, Staff Member B, who has not completed the department approved diabetes education, completed blood glucose checks on Resident #4:

- 8/10/26 at 8:33 PM
- 8/11/26 at 8:37 PM
- 8/14/26 at 8:34 PM
- 8/15/26 at 8:30 PM
- 8/16/26 at 8:33 PM

Plan of Correction

Accept () - 09/17/2026)

On 9/2/26, administrator sent Northampton College staff member an email inquiring about new dates available for the diabetes course. On 9/2/26, administrator informed Staff Member B of new dates available. On the same day, Staff Member B selected () as the next date being available to complete this course. On 9/2/26, administrator informed college staff member that we are interested in enrolling Staff Member B into this course. On this day, Staff Member B became enrolled into the department approved diabetes education course. Beginning 9/3/26, administrator will review staff education quarterly to ensure compliance is met. On 9/9/26, administrator educated med techs on the importance of understanding diabetes course requirements including required yearly training. Beginning 9/16/26, Staff Member B will not complete blood glucose checks and/or administer insulin until diabetes course complete.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/28/2026)

225c - Additional Assessment**13. 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

Resident #3's current medical evaluation, dated () indicates the resident has a special diet of no added sodium and hearth healthy. However, Resident #3's, current assessment, dated () indicates the resident has no dietary needs.

Resident #5's current medical evaluation, dated () indicates the resident utilizes a walker for ambulation. However, Resident #5's current assessment, dated () indicates the resident is "independent" with ambulation.

225c - Additional Assessment (continued)**Plan of Correction****Accept () - 09/17/2026)**

On 8/20/26, administrator received education by inspector regarding DME data needing to match RASP. On 9/3/26, administrator updated Resident #3's RASP to correlate with DME. On 9/3/26, administrator updated Resident #5's RASP to match current ambulation needs on DME. Beginning 9/3/26, administrator will perform quarterly checks of resident DMEs and RASPs to verify the data matches in order to maintain compliance.

Licensee's Proposed Overall Completion Date: 09/16/2026**Implemented () - 09/28/2026)****227d - Support Plan Medical/Dental****14. 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

Resident #4's current medical evaluation, dated [REDACTED] indicates the resident utilizes a cane for ambulation. However, Resident #4's current support plan, dated [REDACTED] does not include the resident utilizes a cane.

Plan of Correction**Accept () - 09/17/2026)**

On 8/20/26, administrator received education by inspector regarding DME data needing to match RASP. Resident #4 RASP was updated by administrator on 8/20/26. Effective 9/3/26, administrator will audit resident RASPs quarterly to ensure DMEs and RASP data match and compliance is met.

Licensee's Proposed Overall Completion Date: 09/16/2026**Implemented () - 09/28/2026)**