pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **LANCO PERSONAL CARE LLC**
LEGAL ENTITY

To operate **PINE MANOR HOME**
NAME OF FACILITY OR AGENCY

Located at **2165 NEW HOLLAND PIKE, LANCASTER, PA 17601**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **31**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **September 28, 2025** until **September 28, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **337340**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: September 4, 2025

Lanco Personal Care LLC
2165 New Holland Pike
Lancaster, PA 17601

RE: Pine Manor Home
Certificate #: 337340

Dear Lanco Personal Care LLC:

The Department has received your June 24, 2025 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Pine Manor Home within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarlheadquarters@state.pa.us.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE

APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED

TYPE OR USE PEN, SIGN AND RETURN 3361060095

IDENTIFICATION

1. NAME OF AGENCY/FACILITY: PINE MANOR HOME

rcvd app & sp$20 6.24.25

TELEPHONE NUMBER: (717) 874-4187

FACILITY ADDRESS: 2165 NEW HOLLAND PIKE, LANCASTER 17601

E-MAIL FOR FACILITY (NOT the WEB site URL): PINEMANORHOME1@GMAIL.COM

3. COUNTY: Lancaster

2. NAME OF LEGAL ENTITY: LANCO PERSONAL CARE LLC

TELEPHONE NUMBER

MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO): 2165 NEW HOLLAND PIKE LANCASTER PA 17601

E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL): PINEMANORHOME1@GMAIL.COM

4. DATE CERTIFICATE EXPIRES: 09/28/2025

5. CERTIFICATE NUMBER: 337340

6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE: Wilfred Kandie, PCHA

7. TYPE OF SERVICE PROVIDED: Personal Care Homes

FEIN OR SSN

8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES)

9. TYPE OF OPERATION
- [X] PROFIT
- [ ] NON-PROFIT

10. TYPE OF OWNERSHIP/CONTROL
- [ ] INDIVIDUAL
- [ ] ASSOCIATION
- [ ] PARTNERSHIP
- [ ] FOREIGN PART
- [ ] LLP
- [ ] LP
- [ ] GOVERNMENT
- [ ] SCHOOL DISTRICT
- [ ] CORPORATION
- [ ] FOREIGN CORP
- [X] LLC
- [ ] OTHER

11. PRIOR LICENSE STATUS

Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state?

- [ ] YES (IF YES, EXPLAIN ON SEPARATE SHEET)
- [X] NO

12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET)

HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER:

A BEEN CONVICTED OF A FELONY? [ ] YES [ ] NO

B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? [ ] YES [ ] NO

C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. 2713)? [ ] YES [ ] NO

13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR

IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR?

- [ ] YES (IF YES, EXPLAIN ON SEPARATE SHEET)
- [X] NO

DECLARATION

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

Wilfred Kandie
NAME (Type or Print)

SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE
(Where the legal entity is a corporation, the signature must be of a corporate officer.)

PCHA
TITLE

6/24/25
DATE

1

LANCO PERSONAL CARE LLC

2165 NEW HOLLAND PIKE
LANCASTER PA 17601

RETURN THIS FORM TO

Department of Human Services
Human Services Licensing Admin
Forum Place, 6th Floor
P.O.BOX 2675
Harrisburg, PA 17105-2675

Or via courier:
DHS/BHSL Administration
Forum Place, 6th Floor
555 Walnut Street
Harrisburg, PA 17101

Department of Human Services
NOTICE OF CERTIFICATE/APPROVAL EXPIRATION AND RENEWAL

NAME OF FACILITY: PINE MANOR HOME

SERVICE PROVIDED: Personal Care Homes

CERTIFICATE NO.	FACILITY NO.	DATE CERTIFICATE EXPIRES	RENEWAL APPLICATION MUST BE RECEIVED
337340	3361060095	09/28/2025	06/17/2025

This is to notify you that the above Certificate expires on the date shown. If you wish to continue to provide services, you must renew your Certificate of Compliance. We have enclosed the following documents which must be received prior to the above expiration date

[X] Application - complete all items. The application may be submitted electronically for OCYF and OHMAS PROVIDERS (addresses below) AL and PCH providers see below*.

[ ] Supplement To Application - Satellite Sites

[X] **RENEWAL APPLICATION FEE. MAY BE SUBMITTED ELECTRONICALLY – AMOUNT ELECTRONIC PAYMENTS ARE COMPLETED USING THIS WEB ADDRESS https://www.bpp.ob.pa.gov/Customer/PaymentForm** $ 20.00

[X] Civil Rights Compliance Renewal form (HS2125) must be submitted with the renewal application as part of the process to renew an existing Certificate of Compliance/license. The (HS2125) is accessed online at the following web address https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/clearances-and-licensing/documents/app-hsl/hs-2125-civil-rights-compliance-renewal.pdf

OCYF providers email renewal application and (HS2125) to RA-PWLICADOCYFPRO@pa.gov

OMHSAS providers email renewal application and (HS2125) to RA-PWLICADOMHSASPRO@pa.gov

*AL and PCH providers if submitting your renewal application electronically, you may submit the renewal application and (HS2125) via email to RA-PWLICADBHSLPRO@pa.gov

If you have any questions concerning this process call 717-705-0383

BE SURE ALL DOCUMENTS ARE SIGNED

HS 1230 – 12/22

Pine Manor Home

Personal Care Home

2165 New Holland Pike
Lancaster, PA 17601

Phone/Fax: (717) 399-3455
pinemanorhome1@gmail.com

SUBJECT: Nondiscrimination Policy Statement
Equal Employment Opportunity

To: Staff

FROM: Wilfred Kandie, PCHA Signature: _____

An open and equitable personnel system will be established and maintained. Personnel policies, procedures and practices will be designed to prohibit discrimination on the basis of race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin, age (40 and over) or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex), and retaliation.
Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.

Any employee who believes they have been discriminated against may file a complaint of discrimination with any of the following.

Lanco Personal Care Home LLC
2165 New Holland Pike
Lancaster, PA 17601

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Harrisburg Regional Office
333 Market Street, 8th Floor
Harrisburg, PA 17101

U.S. Equal Employment Opportunity Commission
801 Market Street, Suite 1000
Philadelphia, PA 19107

Office for Civil Rights
U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Ave., S.W.
Room 509 HH Bldg
Washington, DC 20201

DHS CIVIL RIGHTS COMPLIANCE FORM

CERTIFICATE LICENSE NUMBER:
337340

LEGAL ENTITY NAME:			
Lanco Personal Care LLC			
RESPONSIBLE OFFICIAL: Wilfred Kandie		TITLE: PCHA	
ADDRESS: 2165 NEW HOLLAND PIKE			
CITY: LANCASTER	COUNTY: LANCASTER	STATE: PA	ZIP CODE: 17601
PHONE #: (717)399-3455		EMAIL ADDRESS: pinemanorhome1@gmail.com	
FACILITY			
ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP CODE:
FACILITY ADMINISTRATOR/DIRECTOR:			
PHONE #: ( )		EMAIL ADDRESS:	

TYPE OF SYSTEM:

- ☐ Multi-facility (One owner, many sites)
- ☐ Multi-type (One owner, many services)
- ☐ Single site (One owner, one site)
- ☐ Other - Specify:

PROGRAM:	TYPE OF SERVICE:
Personal Care Home	PERSONAL CARE SERVICES
Assisted Living	
Child Day Care	
Child Welfare Service (Public)	
Child Welfare Service (Private)	
Office of Mental Health & Substance Abuse Services	
Office of Developmental Programs	

A license will not be issued to your facility unless it complies with the following statutes and regulations that prohibit discrimination based on race, color, religious creed, disability, ancestry, national origin, age, sex, or pregnant workers:

a. The Pennsylvania Human Relations Act (43 P.S. §§ 951-962.2), amendments 16 Pa. Code, Chapter 41, Subchapter § 41.201 - 41.207.

b. The Age Discrimination Act of 1975 (42 U.S.C.A. §§ 6101-6017).

c. Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§2000d-2000d-4), if applicable.

d. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), if applicable

e. Americans with Disabilities Act of 1990 (42 U.S. Code § 12102)

f. ADA Amendments Act of 2008 (ADAAA) (42 USCA § 12101 note)

g. Title VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000e-2000e-17), if applicable.

h. Pregnant Workers Fairness Act (42 U.S.C. §§ 2000gg – 2000gg-6), if applicable.

To satisfy this requirement, complete the following information in its entirety. Type or print clearly. Include a valid email address on your CRC Form. If additional space is required for any of the required answers, attach a separate 8 1/2" x 11" sheet to complete answers. Denote license number (if applicable) on additional sheets. Number your corresponding answer.

BEFORE YOU SUBMIT YOUR APPLICATION:

- ☐ Is the CRC Renewal Form completed in its entirety?
- ☐ Have you entered your Certificate License Number?
- ☐ Have you provided a valid email address?
- ☐ Has the correct legal entity signed the CRC Renewal Form?
- ☐ If you have updated and/or changed documentation submitted with your original CRC Form, are the revised documents included? (Question 1)
- ☐ If you have indicated that in the last 12 months the facility has had complaints of discrimination, is the required information included? (Question 3)

1) The facility's compliance with civil rights law was verified by the Department at the time that the last license was issued. The facility has submitted to the department within the last 12 months all required documentation, including policies and procedures, grievance and complaint filing procedure, and the facility's non- discrimination policy statements. Since that time (check one):

☑ The facility has NOT changed and/or updated the documents, referenced above in Question 1, submitted to the Department.

☐ The facility HAS changed or updated the documents, referenced above in Question 1, submitted to the Department. Changed and/or updated documents are included with this Attestation.

2) The facility affirms that within the past 12 months it has updated, developed and maintained a "Non-Discrimination in Services" policy statement for services, referrals, and/or admissions **and** a "Non-Discrimination in Employment" policy statement, signed by the person responsible for the legal entity, that advises clients/residents/parents/guardians, the public and employees of the following:

   a. That services, referrals, admissions, and employment are provided in a non-discriminatory manner, without regard to race, sex, color, national origin (address issue of Limited English Proficiency, in the service policy only), ancestry, religious creed, disability, and age.

   b. That reasonable physical accommodations and program accessibility to staff or clients with physical disabilities will be provided such that:

      i. The facility's restrooms, drinking fountains, and any other human needs facilities are accessible to clients/residents/parents/employees/visitors with disabilities

      ii. For non-English speaking perspective and current clients, the facility is able to provide meaningful access to its programs and services. (Meaningful access involves some combination of services for oral interpretation and written translation of vital documents)

      iii. The facility has a policy to integrate persons with disabilities, and/or individuals with Limited English Proficiency into programs and activities; and

      iv. The facility's non-discrimination policy states that reasonable accommodation will be provided for individuals with a physical disability (e.g. hearing, speech, vision, mobility impairments).

   c. The procedure by which staff and clients can file complaints alleging discrimination and have their complaints investigated and resolved objectively, which includes the name of the person assigned to investigate the complaint.

      i. The facility informs clients, residents, parents/guardians that complaints of discrimination may be filed with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR), the DHS Bureau of Equal Opportunity (BEO) and/or the Pennsylvania Human Relations Commission (PHRC).

      ii. The facility informs its employees regarding their rights to file complaints of employment discrimination based on Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and/or the Pennsylvania Human Relations Act of 1955, as amended, with the PHRC or Equal Employment Opportunity Commission (EEOC).

3) Within the last 12 months has the facility had any complaints of discrimination filed against it with Pennsylvania Human Relations Commission (PHRC), Department of Human Services Bureau of Equal Opportunity (BEO), Equal Employment Opportunity Commission (EEOC), or Office for Civil Rights (OCR). (Check one): YES ☐ NO ☒

If you checked yes, your facility has had complaints of discrimination filed provide the following:

- ☐ # of violations,
- ☐ date filed,
- ☐ agency filed with (PHRC, EEOC, etc.),
- ☐ alleged act of harm and protected class,
- ☐ current status (open or closed – if closed, include finding/outcome),
- ☐ copies of the complaints filing/notices from the investigating entity(ies),
- ☐ facility response(s) to the complaint filings,
- ☐ copies of your policies and procedures (to include any employee or client handbooks) regarding discrimination, sexual harassment, and providing accommodations,
- ☐ copies of your advertisements including non-discrimination clause.

4) The facility agrees to provide a copy of its grievance and complaint filing procedure, non-discrimination policies, practices, procedures, and advertisements which includes a non-discrimination clause upon request pursuant to 62 P.S. § 1016 (relating to right to enter and inspect) and 55 Pa. Code § 20.34 (relating to access.)

5) The facility will comply with the following statutes and regulations that prohibit discrimination based on race, color, religious creed, disability, ancestry, national origin, age, sex, or pregnant workers:

a. The Pennsylvania Human Relations Act (43 P.S. §§ 951-962.2) amendments 16 Pa. Code, Chapter 41, Subchapter §41.201 - 41.207.

b. The Age Discrimination Act of 1975 (42 U.S.C.A. §§ 6101-6017).

c. Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§2000d-2000d-4), if applicable.

d. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), if applicable.

e. Americans with Disabilities Act of 1990 (42 U.S. Code § 12102)

f. ADA Amendments Act of 2008 (ADAAA) (42 USCA § 12101 note)

g. Title VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000e-2000e-17), if applicable.

h. Pregnant Workers Fairness Act (42 U.S.C. §§ 2000gg – 2000gg-6), if applicable.

I declare, under penalty of perjury, pursuant to 18 Pa. C.S. § 4904(a) (relating to unsworn falsification to authorities), that the foregoing averments are true and correct, to the best of my knowledge, information, and belief. I understand the penalty for unsworn falsification to authorities is a misdemeanor of the second or third degree, and I can be penalized by fine, imprisonment, or a combination of these for making any false statements in this attestation. I understand that submitting false information on this attestation may also subject me to licensing action up to and including license revocation and/or emergency removal of clients/residents.

Wilfred Kandil, PCHA — RESPONSIBLE OFFICIAL NAME/TITLE (PRINT)

SIGNATURE

6/24/25 — DATE

I will retain copies of all forms and documentation submitted to the Department.

PINE MANOR HOME, 2165 NEW HOLLAND PIKE,
LANCASTER, PA 17601

SUBJECT: Non-Discrimination in Employment Policy Statement

TO: Staff

FROM: WILFRED KANDIE, PCHA and Signature: _____

An open and equitable personnel system will be established and maintained. Personnel policies, procedures, and practices will be designed to prohibit discrimination on the basis of race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin, age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex), and retaliation.

Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.

Any employee who believes they have been discriminated against may file a complaint of discrimination with any of the following:

Pine Manor Home

2165 New Holland Pike,

Lancaster, PA 17601

Phone: 717-399-3455

Fax: 717-399-3355

pinemanorhome1@gmail.com

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675 Harrisburg, PA 17120
Inquiries: (717) 787-1127
Email: RA-PWBEOAO@.pa.gov
(Within 90 days from the date of incident)

Pennsylvania Human Relations Commission 333 Market Street, 8th Floor
Harrisburg, PA 17101
https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx
Inquiries: (717) 787-4410
TTY users only: (717) 787-7279
(Within 180 days from the date of incident)

Office for Civil Rights
U.S. Department of Health and Human Services Centralized Case Management Operations 200 Independence Avenue, S.W.
Room 509 HHH Bldg
Washington, D.C. 20201
Customer Response Center: (800) 368-1019 TDD: (800) 537-7697
https://www.hhs.gov/ocr/complaints
Email: ocrcomplaint@hhs.gov
(Within 180 days from the date of incident)

U.S. Equal Employment Opportunity Commission 801 Market Street, Suite 1000
Philadelphia, PA 19107
Inquiries: (800) 669-4000
TTY users only: (800)669-6820
https://www.eeoc.gov/filing-charge-discrimination Email: PDOContact@eeoc.gov
(Within 300 days from the date of incident)

PINE HOME HOME

SUBJECT: Non-Discrimination in Services Policy Statement

TO: Patients/Clients/Residents/Parents

FROM: Wilfred Kandie, PCHA and Signature: _____

Admissions, the provisions of services, and referrals of clients shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectionate or sexual orientation, and differences in sex), and retaliation.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Pine Manor Home
2165 New Holland Pike,
Lancaster, PA 17601
Phone: 717-399-3455
Fax: 717-399-3355
pinemanorhome1@gmail.com

Office for Civil Rights
U.S. Department of Health and Human Services Centralized Case Management Operations 200 Independence Avenue, S.W. Room 509 HHH Bldg
Washington, D.C. 20201
Customer Response Center: (800) 368-1019 TDD: (800) 537-7697
https://www.hhs.gov/ocr/complaints
Email: ocrcomplaint@hhs.gov
(Within 180 days from the date of incident)

Commonwealth of Pennsylvania Department of Human Services Bureau of Equal Opportunity
Room 225, Health & Welfare Building P.O. Box 2675 Harrisburg, PA 17120 Inquiries: (717) 787-1127
Email: RA-PWBEOAO@pa.gov
(Within 90 days from the date of incident)

Pennsylvania Human Relations Commission 333 Market Street, 8th Floor
Harrisburg, PA 17101
https://www.phrc.pa.gov/Complaints/Pages/How-to File-a-Complaint.aspx
Inquiries: (717) 787-4410
TTY users only: (717) 787-7279
(Within 180 days from the date of incident)

Gmail

Pine Manor Lancaster <pinemanorhome1@gmail.com>

Payment Receipt

1 message

donotreply@snappayglobal.com <donotreply@snappayglobal.com>
To: pinemanorhome1@gmail.com

Tue, Jun 24, 2025 at 9:30 AM

Commonwealth of Pennsylvania

Payment Receipt

Merchant : COMM OF PA OB, 555 Walnut St 9th Fl, 717-425-6724
Account : 1000886781 - Commonwealth of Pennsylvania – Office of Budget - Comptroller Operations
Transaction Amount : 20.00
Paid On : 6/24/2025 9:30:04 AM

Payment Summary

Type	Last 4	PG Transaction ID	Transaction Amount	Return Description
Checking Account	0091	1400310000038585401211	20.00	Transaction successful.

Click here to Sign In to SnapPay

Contact Information

Customer Service: 717-425-6724 For further assistance, please email Email: Customer Service

From:	PW, DHSCivilRights
To:	Volchko, Jennifer
Cc:	PW, BEOMain
Subject:	APPROVED- LLW-RENEWAL-LANCO PERSONAL CARE LLC-337340-OLTL
Date:	Monday, August 18, 2025 2:39:53 PM
Attachments:	PINE MANOR HOME-337340.pdf APPROVED-LLW-RENEWAL-LANCO PERSONAL CARE LLC-337340-OLTL.msg

This has been BEO approved

BEO Rep LLW
Department of Human Services | Bureau of Equal Opportunity-Civil Rights Compliance
625 Forster Street, Suite 225 | Harrisburg, PA 17120

(For complaints of discrimination)
BEO Mainline: 717-787-1127
BEO Email: RA-PWBEOAO@pa.gov

(For assistance with Civil Rights Compliance Forms)
BEO Licensing: 717-787-1579
BEO Email: RA-PWDHSCivilRights@pa.gov

From: Volchko, Jennifer <jvolchko@pa.gov>
Sent: Friday, August 8, 2025 3:52 PM
To: PW, DHSCivilRights <RA-PWDHSCIVILRIGHTS@pa.gov>
Subject: APPROVED- LLW-RENEWAL-LANCO PERSONAL CARE LLC-337340-OLTL

PLEASE SEE ATTACHED THANKS.

Jennifer Volchko | Human Service Program Specialist
Bureau of Human Services Licensing
Department of Human Services | Office of Long Term Living
Forum Place, 6th Floor
555 Walnut Street
Harrisburg, PA 17101
Phone: 717.705.0382 | Fax: 717.705.6955
www.dhs.pa.gov