



MAILING DATE: August 19, 2019

Mr. Augustine Chebarwett
Owner/Operator
Ameristar LLC
457 Amesbury Road
Lancaster, Pennsylvania 17601

RE: Pine Manor Home
687 Greenbriar Road
York, Pennsylvania 17404
Certificate #: 334780

Dear Mr. Chebarwett:

As a result of the Department's Bureau of Human Services Licensing inspection on July 31, 2019 of the above facility, the citation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report was found.

The citation specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *PINE MANOR HOME*

License Number: *33478*

Address: *687 GREENBRIAR ROAD, YORK, PA 17404*

County: *YORK*

Region: *CENTRAL*

Administrator

Name: *Gladys Chepkoiit*

Phone: *7177642989*

Email: *PINEMANORHOME@GMAIL COM*

Legal Entity

Name: *AMERISTAR LLC*

Address: *457 AMESBURY ROAD, LANCASTER, PA, 17601*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: *24*

Waking Staff: *18*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint,Incident*

Inspection Dates and Department Representative

07/31/2019 - On-Site: Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *29*

Residents Served: *24*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14*

Are 60 Years of Age or Older: *19*

Diagnosed with Mental Illness: *6*

Diagnosed with Intellectual Disability: *3*

Have Mobility Need: *0*

Have Physical Disability: *0*

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42b - Abuse

Regulations

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

Direct Care Staff Member A was reported by residents as verbally abusive and rude.

Resident #1 reported that Direct Care Staff Member A called her fat and said that the resident wouldn't have health problems if she wasn't fat. This was confirmed by Resident #2. Direct Care Staff Member A also told Resident #1, who is incontinent, that she "stank" and threatened to kick the resident out of the home.

Resident #2 reported that Direct Care Staff Member A is known "to fly off the handle," yells at residents and threatens to throw them out of the home.

On 7/30/2019, Resident #3 was told by Direct Care Staff Member A, "to hurry up and eat your damn chicken," as she wanted to pass medications. Resident #3 was also told to "sit up straight" while eating by Direct Care Staff Member A.

Residents' #1, #2 and #3 stated that they were fearful of retaliation from Direct Care Staff Member A.

Plan of Correction (POC)

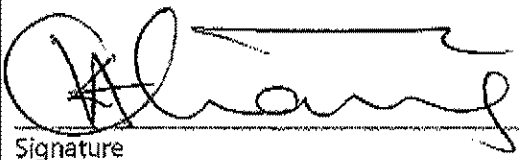
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

- 1) Direct Care Staff Member A is no longer an employee of Pine Manor Home.
- 2) The Administrator will receive training from York Area Office of Aging on abuse by 9/19/19 - including re-education for all staff by AAA by 10/31/19. Documentation of training will be kept by the home. -GE, 8/20/19
- 3) The Administrator will interview at least 6 residents monthly for 6 months to ensure they are not abused. Findings will be documented on quarterly quality management report.
- 4) All other employees have been trained on abused Resident rights.

Legal Entity Representative

Administrator will monitor staff/resident interactions and immediately address any issues that arise.

-GE, 8/20/19



Signature

BARBARA T. AUGUSTINE C 8/13/19
 Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/19/19 Plan of correction implementation status as of 8/19/19
 (Date) (Date)

The above plan of correction was approved by GE
 (Initials)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented