



**Mailing Date: February 26, 2020**

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

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

Dear Mr. Chebarwett:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 13, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# 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 Chepkait

Phone: 7177642989

Email:

## Legal Entity

Name: AMERISTAR LLC

Address: 457 AMESBURY ROAD, LANCASTER, PA, 17601

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 03/01/1992

Issued By: labor and Industry

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 27

Waking Staff: 20

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

01/13/2020 - On-Site: Laura Heemer, Kellie Cargile

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 29

Residents Served: 27

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 14

Diagnosed with Mental Illness: 3

Have Mobility Need: 0

Are 60 Years of Age or Older: 4

Diagnosed with Intellectual Disability: 6

Have Physical Disability: 0

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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.)

The administrator has audited all employees documents and every employee has their educational information. Staff person A is no longer an employee of Pine Manor. This was completed on 11/24/2020

Going forward administrator will ensure any new employee will provide their education information before hire.

See attached audit report by the administrator.

Legal Entity Representative

Signature

Gladys Chepkoi, PCHA 11/24/2020

Printed Name and Title

Date

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The above plan of correction is approved as of 1/28/2020 (Date) Plan of correction implementation status as of 2/26/2020 (Date)

- Implemented
- Not Implemented

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

88a - Surfaces

Regulations

2600. 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The top left window in the entry way/sun porch was cracked and contained three holes in it.

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.)

The left window in the entry way/sun porch with holes has been taped temporarily as we wait for approval of the permit to renovate the front porch. The administrator completed a walk through inspection of the facility and no other areas were identified.

The staff will be educated also on making sure that they report any areas that needs repair to the administrator as soon as possible. The education will occur by the end of 2/29/2020. The renovation is anticipated to be finished by 7/31/2020.

Please see attached zoning hearing approval, waiting for township engineer approval.

Legal Entity Representative



Signature

Glaucus Chapko, PCHA

Printed Name and Title

2/24/2020

Date

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Implemented  Not Implemented

89b - Hot Water Temperature

Regulations

2600.  
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 1/13/2020, the bathroom nearest the nurses' station had a hot water temperature of 127 degrees Fahrenheit, the ladies' bathroom across from the nurses' station had a hot water temperature of 132 degrees Fahrenheit, and the bathroom in the basement had a hot water temperature of 126 degrees Fahrenheit.

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.)

Water temperature has been adjusted and temperature checked on 1/15/2020 in the bathrooms mentioned above and it does not exceed 120°F.

Moving forward, beginning 1/20/2020 the administrator will be checking water temperature once a week in at least one bathroom for four weeks. Will also check monthly thereafter for three months. The log will be kept in the office.

The administrator will submit a copy of four weeks log to the department by 2/29/20 for review.

See the log attached for water temperature for the last two weeks. The Plan of Correction will be completed by 5/31/2020.

Legal Entity Representative

Signature

Gladys Chapkovit, PCHA

Printed Name and Title

1/24/2020

Date

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121a - Unobstructed Egress

Regulations

2600. 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 1/13/2020, there were three filled white trash bags, an empty bottle of detergent, and a rectangular cardboard box blocking egress at Exit #3 off of the dining area.

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.)

The Staff were trained on 1/20/2020 by the administrator on the importance of unobstructed egress and that all trash needs to be placed on the big trash containers outside the building. The administrator will also do weekly checks of all the exits for the four weeks. This will be completed by 2/20/2020 by the administrator. Documentation will be provided to Department for review by 2/29/20 by the PCHA.

Legal Entity Representative



Signature

Gladys Chesnut, PCHA 1/24/2020

Printed Name and Title

Date

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141a 1-10 Medical Evaluation Information

Regulations

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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The initial Documentation of Medical Evaluation form for Resident 1 does not include the date of evaluation and a list of Resident 1's medications.

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.)

A new DME has been obtained for resident 1 from his MD that includes the date of evaluation and a list of resident's medication. Administrator will audit all residents charts to make they have the most recent DME and is completed in full by 2/15/2020. Upon completion, documentation will be provided to department of human services for review by 2/29/20

Legal Entity Representative

Gee  
 Signature

Gladys Chepkoi  
 Printed Name and Title

1/24/2020  
 Date

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185a - Implement Storage Procedures

Regulations

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 2 is ordered to have blood glucose checks two times per day. Resident 2's medication administration record does not include the initials of the staff person who administered blood glucose testing on 1/9/2020 at 7:36 pm or on 1/10/2020 at 7:55 am.
- On 1/9/2020 at 9am, the medication administration record documented that Resident 2's blood sugar measured 91. However, this measurement was not stored in the memory of Resident 2's glucometer.

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.)

The administrator will do weekly audits for a month and monthly thereafter for 3 months to ensure staff persons administering blood glucose testing initial medication administration log.

Administrator conducted staff training on 1/20/2020 in regards to documentation.

→ Resident #2 glucometer has been reset to the right date and time. The administrator will provide a copy of weekly audits for the first month to the department by 2/29/2020.

Legal Entity Representative

  
Signature

Gladys Chepkoit, PCHA 1/24/2020  
Printed Name and Title Date

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187b - Date/Time of Medication Admin.

Regulations

2600.  
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation


Resident 2 is prescribed Quetiapine Fum ER and Trazadone. Resident 2's medication administration record does not include the initials of the staff person who administered these medications on 1/9/2020 at 8pm.

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.)

Staff retraining was conducted on 1/21/2020 by the administrator on medication administration and documentation. Medication Administration Record will be audited weekly by the administrator for one month and monthly thereafter to ensure compliance with regulation 2600 187(b). A copy of the weekly audits for the first one month will be provided to the department by 2/29/2020 by the administrator.

Legal Entity Representative

  
Signature

Gladys Chepkait, PCHA 1/27/2020  
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed blood glucose testing two times per day. However, Resident 2's blood glucose was not tested on 1/9/2020 at 7am.

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.)

All Staff who administer and perform glucose testing were retrained by the administrator on 1/20/2020 on following prescribers orders. They were reminded on making sure glucose testing is done on time as indicated on the MAR.

Administrator will audit blood glucose testing machine and MAR every week for four weeks and monthly thereafter for three months. Weekly audits for the first month will be provided to the department by 2/29/2020 by the administrator.

Legal Entity Representative

Signature

Gladys Chopra PCHA

Printed Name and Title

2/27/2020

Date

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190a - Completion Medication Course

Regulations

2600. 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person B, regularly administers medications to the residents of the home. This staff member has not had Medication Administration Record reviews and medication administration observations performed as required for the Annual Practicum training for medication administration, since the date she successfully completed the Department-approved medications administration course (9/7/2016). On 1/4/2020 at 4pm Staff Person B administered a 5mg tablet of Eliquis to Resident 3.

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.)

Staff Person B's medication reviews and medication observations as required by annual practicum training was completed on 1/20/2020, by designated person. Observations and MAR review will be completed every six months by the designated RN. A form will be created and updated every month to ensure that all medication trained staff are up to date with their observations and reviews. Administrator will audit all med tech records to make sure the practicum and diabetes trainings are up to date and any med tech in need of the above trainings will not administer meds/perform diabetic care until they are up to date. The audit will be done by designated RN/PCHA by 2/15/20 and documentation will be provided to the department for review.

Legal Entity Representative

Signature

Gladys Chapron PCHA. 1/27/2020  
Printed Name and Title Date

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190b - Insulin Injections

Regulations

2600. 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

Staff Person B regularly performs diabetic care and insulin administration to residents in the home. Staff Person B, has not successfully completed the Department-approved diabetes patient education program since 12/11/2018. Staff Person B tested the blood sugar level of Resident 2 on 1/6/2020 at 6:35pm.

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.)

Staff person B ~~Completed~~<sup>Embarked</sup> Completed their annual diabetes training education on 11/21/20 at Weispan. PCHA will audit all med trained staff to ensure they are up to date with their diabetic training. PCHA will continue to monitor on a monthly basis to ensure all annual diabetic training are completed on time. Upon completion of all staff audits, documentation will be provided to department for review.

Legal Entity Representative

  
Signature

Gladys Chapiro, PCHA 1/27/2020  
Printed Name and Title Date

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227d - Support Plan Medical/Dental

Regulations

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


The medical evaluation for Resident 3, dated 7/5/2019, indicates the resident has a need for having her legs elevated for 20 minutes three times per day. The resident's support plan, dated 4/18/2019, has not been updated to document the that the residents legs should be elevated for 20 minutes three times per day and how this need will be met.

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.)

Medical Evaluations and RASP will be audited by the administrator to ensure that all information is correct and upto date by 2/29/20. The above mentioned resident RASP's has been updated. Staff will be educated to make sure they report any changes in resident's needs so that assessments and Support Plans can be updated in a timely manner. Administrator will ensure update and audit is completed and submitted to department for review by 2/29/20.

Legal Entity Representative

  
Signature

Gilalya Cherkov, PCHA  
Printed Name and Title

1/27/2020  
Date

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227g -Support Plan Signatures

Regulations

2600.  
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for Resident 4, developed on 4/15/2019, is not signed by the resident and does not contain documentation of the resident's refusal or inability to sign.

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.)

The Support Plan Signature for Resident 4 has been obtained. Administrator will audit most current RASPs for all residents to ensure that proper signature or documentation for unsigned plans has been obtained. This will be completed by 2/29/20 by the administrator and documentation will be provided to department for review by 3/15/20.

Legal Entity Representative

  
Signature

Glady's Chepelt, PCHA  
Printed Name and Title

1/27/2020  
Date

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