



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

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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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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, 2021 until September 28, 2022,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **337340**

Janette Biderpad
ISSUING OFFICER

Jamie J. Buchenauer
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.



Emailing Date: September 30, 2021

[REDACTED]
Lanco Personal Care LLC
2165 New Holland Pike
Lancaster, Pennsylvania 17601

RE: Pine Manor Home
Certificate #: 337340

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on May 20, 2021 and June 23, 2021 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive, flowing style.

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *PINE MANOR HOME* License #: *33734* License Expiration Date:
 Address: *2165 NEW HOLLAND PIKE, LANCASTER, PA 17601*
 County: *LANCASTER* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *717-874-4187* Email: [REDACTED]

Legal Entity

Name: *LANCO PERSONAL CARE LLC*
 Address: *2165 NEW HOLLAND PIKE, LANCASTER, PA, 17601*
 Phone: *717-874-4187* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *02/24/2000* Issued By: *East Lampeter Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *0* Waking Staff: *0*

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
 Reason: *New* Exit Conference Date: *05/20/2021*

Inspection Dates and Department Representative

05/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: ~~31~~ *31* Residents Served: *0*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/20/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/03/2021*

Inspections / Reviews (*continued*)

6/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/08/2021*

9/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/23/2021*

9/17/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act requires that an alarm be placed in close proximity to fossil-fuel burning appliances as well as additional alarms be placed in living areas if the central alarm cannot be heard throughout the home. The lower level of the home is divided into two areas which are accessed by exterior walkways; one area contains a gas-fired boiler and dryer while the other area contains resident bedrooms. The home has only one carbon monoxide alarm in the basement utility room.

A boiler is used as the primary heating source for the home. Department of Labor and Industry's Boiler And Unfired Pressure Vessel Regulations require that boilers have a certificate of operation. The home does not have a certificate for it's boiler.

Plan of Correction

Accept

On May 21st 2021, a certificate of operation for the facilities boiler was obtained.

Going forward, administrator will be tasked to obtain a certificate of operation annually.

Completion Date: 05/21/2021

Document Submission

Implemented

L&I inspected the boiler and it passed inspection. Home will forward certificate to The Department when received.

62 - Contact List

1. Requirements

2600.

- 62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The home does not have a staff contact list.

Plan of Correction

Accept

On May 21st 2021 the administrator created a current list of names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

The administrator will ensure that a current list of names, addresses and telephone numbers are updated upon hiring new personnel.

Completion Date: 05/21/2021

Document Submission

Implemented

All steps have been completed.

101o - Walls, Floors, Ceilings

1. Requirements

101o - Walls, Floors, Ceilings (continued)

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

There are 5 holes in the wall inside Bedroom 3.

Plan of Correction**Accept**

The holes in the wall inside bedroom #3 are sealed on May 21st 2021.

In the future, the administrator in conjunction with maintenance will ensure that all was, floors and ceilings are finished and clean and in good repair.

Completion Date: 05/21/2021

Document Submission**Implemented**

All steps have been completed.

101r - Bedroom - shades/drapes/window covering**1. Requirements**

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The windows in Bedrooms 9 and 10 do not have shades, blinds, or shutters.

Plan of Correction**Accept**

Shades and blinds were in windows in bedrooms 9 and 10 were installed on 5/21/21.

Moving forward, the administrator in conjunction with maintenance will ensure that windows in the facility have shades, blinds or shutters.

Completion Date: 05/21/2021

Document Submission**Implemented**

All steps have been completed.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface**1. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There are no grab bars, hand rails or assist bars for the toilet in the main floor staff bathroom, the toilet and shower in the foyer bathroom and the toilet and shower in the new bathroom on the lower level.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface *(continued)***Plan of Correction****Accept**

Grab bars were installed in the main floor staff bathroom, the toilet and in the shower in the foyer room and the toilet and shower in the new bathroom on the lower level.

Moving forward, the administrator will ensure that all bathrooms and toilets in the facility of grab bars and handrails or assist bars.

Completion Date: 05/21/2021

Document Submission**Implemented**

All steps have been completed.

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home has only 4 gallons of emergency water.

Plan of Correction**Accept**

The home added additional 90 gallons of emergency water.

The administrator will ensure that the home will maintain at least at three days supply of nonperishable food items and drinking water for residents at all times.

Completion Date: 05/21/2021

Document Submission**Implemented**

All steps have been completed.

123c - Evacuation Diagrams

1. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The evacuation diagrams do not include the locations of the fire extinguishers or fire alarm pull signals.

Plan of Correction**Accept**

The administrator updated evacuation diagrams to include the locations of the fire extinguishers and fire alarm pull stations.

In the future the administrator will ensure evacuation diagrams are updated when needed to include the location of the fire extinguishers and fire alarm pull station.

Completion Date: 05/21/2021

Document Submission**Implemented**

All steps have been completed.

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept

The home notified the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an event of an emergency.

The administrator will update the local fire department in writing annually and documentation of notification shall be kept on file.

Completion Date: 05/26/2021

Document Submission

Implemented

All steps have been completed.

127a - Portable Space Heaters

1. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

A portable space heater was plugged into an electric outlet in a lower level office, temporarily being used as a bedroom for staff.

Plan of Correction

Accept

The administrator removed the portable space heater that was plugged into a lower level office.

Going forward, the administrator will ensure that no portable space heaters are allowed in the facility.

Completion Date: 05/21/2021

Document Submission

Implemented

All steps have been completed.

130a - Smoke Detector 15 ft Bedroom

1. Requirements

2600.

130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

There are no smoke detectors in the hallway housing Bedrooms 1 through 5.

130a - Smoke Detector 15 ft Bedroom *(continued)*

Plan of Correction **Accept**

Operable automatic smoke detectors located within 15 feet of each bedroom door was installed on May 21st 2021. The administrator will ensure that operable automatic smoke detectors are located within each bedroom door one operable fire extinguisher with a minimum of 2-A rating was placed in the attic.

Completion Date: 05/21/2021

Document Submission **Implemented**

All steps have been completed.

131a - Fire Extinguisher

1. Requirements

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

There is no fire extinguisher in the attic. The attic is accessible to residents and staff through two sets of pull-down steps.

Plan of Correction **Accept**

The administrator will ensure that an operable fire extinguisher with a minimum 2-A rating is present always in the attic.

The arms fire extinguisher have all been serviced and inspected on May 21st 22 and one by a fire safety expert and dated. The administrator will ensure that the home fire extinguisher are serviced and inspected per PA 2600. 131F code/regulation.

Completion Date: 05/21/2021

Document Submission **Implemented**

All steps have been completed.

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The home's fire extinguishers were last serviced and inspected in March 2020.

Plan of Correction **Accept**

The home's fire extinguisher have all been serviced and inspected on May 21st 22 and by a fire safety expert (Martin Enterprises) and dated. The administrator will ensure that the home fire extinguisher are serviced and inspected per PA 2600. 131F code/regulation.

Completion Date: 05/21/2021

Document Submission **Implemented**

All steps have been completed.