

Department of Human Services
Bureau of Human Service Licensing

October 11, 2022

[REDACTED]

LANCO PERSONAL CARE LLC
2165 NEW HOLLAND PIKE
LANCASTER, PA, 17601

RE: PINE MANOR HOME
2165 NEW HOLLAND PIKE
LANCASTER, PA, 17601
LICENSE/COC#: 33734

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *PINE MANOR HOME* License #: *33734* License Expiration: *09/28/2023*
Address: *2165 NEW HOLLAND PIKE, LANCASTER, PA 17601*
County: *LANCASTER* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal* Exit Conference Date: *09/22/2022*

Inspection Dates and Department Representative

09/22/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *31* Residents Served: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *9* Are 60 Years of Age or Older: *14*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/22/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2022*

10/03/2022 - POC Submission

Inspections / Reviews *(continued)*

██████████ ████████████████████ Follow-Up Type: *POC Submission* Follow-Up Date: *10/10/2022*

10/07/2022 - POC Submission

Reviewer: ████████████████████ Follow-Up Type: *Document Submission* Follow-Up Date: *10/20/2022*

10/11/2022 - Document Submission

Reviewer: ████████████████████ Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 09/22/22, a copy of the Chapter 2600 regulations, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

On 9/27/22 a copy of the Chapter 2600 regulations was posted in a conspicuous and public place in Pine Manor Home by the Administrator.

Going forward, the administrator will create a checklist for inspecting the expiration date & posting the current document monthly for the next three months and then quarterly thereafter.

Completion Date: 10/06/2022

Document Submission

Implemented

On 9/27/22 a copy of the Chapter 2600 regulations was posted in a conspicuous and public place in Pine Manor Home by the Administrator.

Going forward, the administrator will create a checklist for inspecting the expiration date & posting the current document monthly for the next three months and then quarterly thereafter. All steps have been completed. See attached checklist.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 09/22/22] there was a full, uncovered trash can in the bathroom of a shared bedroom, located in the basement.

Plan of Correction

Accept

On 9/27/22 the uncovered trash can in the bathroom was replaced with a new trash can with a cover by the administrator to prevent the penetration of insects and rodents.

The administrator will be responsible for maintaining and replacing new trash cans with covers on monthly basis using the monthly checklist.

Completion Date: 10/06/2022

Document Submission

Implemented

On 9/27/22 the uncovered trash can in the bathroom was replaced with a new trash can with a cover by the administrator to prevent the penetration of insects and rodents.

The administrator will be responsible for maintaining and replacing new trash cans with covers on monthly basis using the monthly checklist. All steps have been completed. See attached checklist.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment *(continued)*

Description of Violation

On 09/22/22, an unsecured old thermostat with exposed wires was located in the hallway of the basement, near the storage room.

Plan of Correction

Accept

On 9/27/22 unsecured old thermostat with exposed wires was replaced with a new thermostat by High Efficiency Solutions HVAC contractor.

Going forward, the administrator will be inspecting furniture and equipment to ensure that they are in good repair, clean and free of hazards. The administrator created daily & weekly checklist to be used.

High efficiency solutions will be maintaining and servicing thermostats on a quarterly basis according to the contract.

Completion Date: 10/06/2022

Document Submission

Implemented

On 9/27/22 unsecured old thermostat with exposed wires was replaced with a new thermostat by High Efficiency Solutions HVAC contractor.

Going forward, the administrator will be inspecting furniture and equipment to ensure that they are in good repair, clean and free of hazards. The administrator created daily & weekly checklist to be used. All steps have been completed. See attached checklist.

High efficiency solutions will be maintaining and servicing thermostats on a quarterly basis according to the contract.

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit near the medication cart does not include tweezers, scissors, antiseptic and tape.

Plan of Correction

Accept

Tweezers, scissors, antiseptic and tape were added in the first aid kit on 9/27/22 by the administrator.

The administrator will do inventory and replenish the first aid kit weekly or as needed.

Completion Date: 10/06/2022

Document Submission

Implemented

Tweezers, scissors, antiseptic and tape were added in the first aid kit on 9/27/22 by the administrator.

The administrator will do inventory and replenish the first aid kit weekly or as needed. All steps have been completed. All steps have been completed.

101j2 - Bedroom Chairs

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

101j2 - Bedroom Chairs (continued)

Description of Violation

The bedroom located in basement area of home is occupied by 2 residents; however, there were no chairs in this room.

Plan of Correction

Accept

On 9/26/22 two chairs were added by the administrator in the bedroom located in the basement area. Going forward, the administrator shall ensure that each resident has a chair that meets the resident's need at the time of move-in.

The administrator will be responsible for making sure that this regulation is executed by using the created daily & weekly checklist.

Completion Date: 10/06/2022

Document Submission

Implemented

On 9/26/22 two chairs were added by the administrator in the bedroom located in the basement area. Going forward, the administrator shall ensure that each resident has a chair that meets the resident's need at the time of move-in.

The administrator will be responsible for making sure that this regulation is executed by using the created daily & weekly checklist. All steps have been completed. See attached checklist.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in the shared bedroom, located in basement area of home, do not have access to a source of light that can be turned on/off at bedside.

The resident in Room [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

On 9/28/22 the side table lamps were added by the administrator to room [redacted] and shared bedroom located in the basement.

Going forward, the administrator shall ensure that each resident has an operable lamp or other source of lighting that can be turned on at bedside.

The administrator created monthly and quarterly checklist for use.

Completion Date: 10/06/2022

Document Submission

Implemented

On 9/28/22 the side table lamps were added by the administrator to room [redacted] and shared bedroom located in the basement.

Going forward, the administrator shall ensure that each resident has an operable lamp or other source of lighting that can be turned on at bedside.

The administrator created monthly and quarterly checklist for use. All steps have been completed. See attached checklist.

101j7 - Lighting/Operable Lamp (continued)

103d - Storing Food Off Floor

1. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 09/22/22, 3 boxes of emergency water were stored on the floor in the storage room, located in the basement.

Plan of Correction

Accept

On 9/28/22 elevated stand was purchased and placed by administrator to store emergency water off the floor. Going forward, the administrator shall ensure that food and water is stored off the floor. The administrator will be responsible for making sure that this regulation is executed weekly using a weekly check list.

Completion Date: 10/06/2022

Document Submission

Implemented

On 9/28/22 elevated stand was purchased and placed by administrator to store emergency water off the floor. Going forward, the administrator shall ensure that food and water is stored off the floor. The administrator will be responsible for making sure that this regulation is executed weekly using a weekly check list. All steps have been completed. See attached checklist.

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

On 09/22/22, the home served 15 residents, requiring 45 gallons of emergency drinking water. However, the home had only 18 gallons of water stored.

Repeated Violation - 5/20/21

Plan of Correction

Accept

On 9/29/22, Pine Manor Home purchased 27 gallons of emergency drinking water. To prevent the deficiency from reoccurring, the administrator shall ensure that the home maintains at least a 3-day supply of nonperishable food and drinking water for the residents. The administrator shall implement this regulation by inspecting quarterly to ensure adequate supply of water and nonperishable food .

Completion Date: 09/29/2022

Document Submission

Implemented

On 9/29/22, Pine Manor Home purchased 27 gallons of emergency drinking water. To prevent the deficiency from reoccurring, the administrator shall ensure that the home maintains at least a 3-day supply of nonperishable food and drinking water for the residents. All steps have been completed. The administrator shall implement this regulation by inspecting quarterly to ensure adequate supply of water and nonperishable food .

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

On 9/27/22, Pine Manor Home emergency procedures were posted in a conspicuous and public place in the home by administrator

To prevent the deficiency from reoccurring, the administrator shall ensure that the copies of the emergency procedures as specified in Reg.2600.107 shall be posted in a conspicuous and public place in the home and a copy shall be kept. Personal care home administrator will be responsible for ensuring that all posters are posted in a conspicuous and public place in the home annually

Completion Date: 09/29/2022

Document Submission

Implemented

On 9/27/22, Pine Manor Home emergency procedures were posted in a conspicuous and public place in the home by administrator

To prevent the deficiency from reoccurring, the administrator shall ensure that the copies of the emergency procedures as specified in Reg.2600.107 shall be posted in a conspicuous and public place in the home and a copy shall be kept. Personal care home administrator will be responsible for ensuring that all posters are posted in a conspicuous and public place in the home annually All steps have been completed. See attached checklist.

132b - Safety Inspection/Fire Drill

1. 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 home has not had a fire safety inspection/fire drill that was conducted by a fire safety expert..

Plan of Correction

Accept

On 9/28/22, Pine Manor Home fire safety inspection/fire drill was conducted.

Going forward

Going forward, the administrator shall ensure that 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.

The administrator shall ensure that fire drill is conducted on all shifts as per the regulation. A Google calendar shall be created. Fire safety training has been scheduled for 10/13/22 by Upper Leacock fire chief M. King and documentations will be submitted to DHS by 10/30/22.

Completion Date: 10/06/2022

Document Submission

Implemented

On 9/28/22, Pine Manor Home fire safety inspection/fire drill was conducted.

Going forward

Going forward, the administrator shall ensure that 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.

The administrator shall ensure that fire drill is conducted on all shifts as per the regulation. A Google calendar shall be created. Fire safety training has been scheduled for 10/13/22 by Upper Leacock fire chief M. King and

132b - Safety Inspection/Fire Drill (continued)

documentations will be submitted to DHS by 10/30/22. Steps are in process.

132e - Fire Drill Sleeping Hours

1. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home has not held a fire drill during sleeping hours within the past 6 months.

Plan of Correction

Accept

On 9/28/22 Pine Manor Home held a fire drill during sleeping hours.

To prevent the deficiency from reoccurring, the administrator shall ensure that a fire drill is held during sleeping hours once every 6 months.

The administrator is responsible for scheduling fire drill, a google calendar shall be created for reminder.

Completion Date: 09/29/2022

Document Submission

Implemented

On 9/28/22 Pine Manor Home held a fire drill during sleeping hours.

To prevent the deficiency from reoccurring, the administrator shall ensure that a fire drill is held during sleeping hours once every 6 months.

The administrator is responsible for scheduling fire drill, a google calendar shall be created for reminder. All steps have been completed. See attached checklist.

185a - Implement Storage Procedures

1. 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

On [REDACTED] the following errors were observed in Resident 1's [REDACTED] and Medication Administration Record (MAR):

[REDACTED]

Plan of Correction

Accept

Staff retraining was conducted on 9/27/22 on medication administration and documentation by PCHA.

Going forward, PCHA will conduct weekly [REDACTED] reading and correlating MAR documentation.

Audits will be conducted weekly for 1 month then monthly thereafter for 3 months to ensure compliance with Reg.

2600.185(a). A log will be kept and provided to DHS at their request.

Completion Date: 09/29/2022

185a - Implement Storage Procedures (continued)

Document Submission

Implemented

Staff retraining was conducted on 9/27/22 on medication administration and documentation by PCHA. Going forward, PCHA will conduct weekly [redacted] reading and correlating MAR documentation. Audits will be conducted weekly for 1 month then monthly thereafter for 3 months to ensure compliance with Reg. 2600.185(a). A log will be kept and provided to DHS at their request. All steps have been completed. See attached training.

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

Resident 3 is prescribed [redacted]. On 0 [redacted] 2, there were [redacted] pills in a packet; however, the home's control log indicated the count to be [redacted].

Plan of Correction

Accept

Staff retraining was conducted on 9/27/22 on medication administration and documentation of [redacted] by Administrator.

On 9/23/22, RN audited the discrepancy [redacted] for resident 3 and found out that a clerical error was incurred on [redacted] when Resident 3 was in the [redacted] count was recorded as [redacted] but the balance was recorded as [redacted].

Going forward, PCHA will conduct weekly documentation of [redacted] logs audits for 1 month then monthly thereafter for 3 months to ensure compliance with Reg. 2600.185. (b)

A log will be kept and provided to DHS at their request.

Completion Date: 09/29/2022

Document Submission

Implemented

Staff retraining was conducted on 9/27/22 on medication administration and documentation of controlled substances by Administrator.

On [redacted] RN audited the discrepancy on [redacted] for resident 3 and found out that a clerical error was incurred on [redacted] [redacted] was recorded as [redacted] but the balance was recorded as [redacted].

Going forward, PCHA will conduct weekly documentation of [redacted] logs audits for 1 month then monthly thereafter for 3 months to ensure compliance with Reg. 2600.185. (b)

A log will be kept and provided to DHS at their request. All steps have been completed. See attached training.

187a - Medication Record

1. Requirements

2600.

187a - Medication Record (continued)

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 6. Dose.

Description of Violation

Resident 1 is prescribed [REDACTED]. However, Resident 1's medication administration record (MAR) does not indicate the dosage.

Plan of Correction

Accept

Staff retraining was conducted on 9/27//22 on medication and documentation. by PCHA
Going forward, PCHA will conduct weekly insulin administration MAR audits and ensure corresponding dosage documentation audits will be conducted for 1 month then monthly thereafter for 3 months to ensure compliance with Reg. 2600.185. (a)
A log will be kept and provided to DHS at their request.

Completion Date: 09/29/2022

Document Submission

Implemented

Staff retraining was conducted on 9/27//22 on medication and documentation. by PCHA
Going forward, PCHA will conduct weekly [REDACTED] administration MAR audits and ensure corresponding dosage documentation audits will be conducted for 1 month then monthly thereafter for 3 months to ensure compliance with Reg. 2600.185. (a)
A log will be kept and provided to DHS at their request. All steps have been completed. See attached training.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The resident records for Resident 1 and 2 do not include a recent photograph.

Plan of Correction

Accept

On 9/28/22 recent photographs of resident 1 and 2 have been included in their records by administrator.
Going forward the administrator shall ensure all resident photograph records are updated annually
A google calendar reminder shall be created.

Completion Date: 09/29/2022

Document Submission

Implemented

On 9/28/22 recent photographs of resident 1 and 2 have been included in their records by administrator.
Going forward the administrator shall ensure all resident photograph records are updated annually
A google calendar reminder shall be created. All steps have been completed.