

Department of Human Services  
Bureau of Human Service Licensing

October 31, 2022

[REDACTED]  
AMERISTAR LLC  
[REDACTED]

RE: PINE MANOR HOME  
687 GREENBRIAR ROAD  
YORK, PA, 17404  
LICENSE/COC#: 33478

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

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 #: *33478* License Expiration: *04/01/2023*  
Address: *687 GREENBRIAR ROAD, YORK, PA 17404*  
County: *YORK* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *AMERISTAR LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/01/1992* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *10/12/2022*

**Inspection Dates and Department Representative**

10/12/2022 - On-Site: [REDACTED]

**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: *12* Are 60 Years of Age or Older: *22*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *6*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**10/12/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2022*

Inspections / Reviews *(continued)*

10/31/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/31/2022  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/15/2022

10/31/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/31/2022  
Reviewer: [REDACTED] Follow-Up Type: Not Required

## 16c - Written Incident Report

### 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

### Description of Violation

*An incident involving Residents 2 and 5 occurred on [REDACTED]. The home did not report this incident to the Department until 10/03/22.*

### POC Submission

*Accept (GR - 10/31/2022)*

*Director of nursing retrained the administrator on 10/15/22 regarding reporting allegations of abuse or incidents within 24hours. Going forward the administrator will report any incidents within 24hrs. The administrator also encouraged residents to report any abuse to the staff or administrator as soon as possible. In addition, administrator showed the residents where emergency phone numbers are located if they do not feel comfortable reporting it to the staff or administrator. Although the incident happened on [REDACTED] it was not reported to anyone until [REDACTED] in the evening.*

**Licensee's Plan Completion Date:** 10/25/2022

*Implemented (GR - 10/31/2022)*

## 42s - Privacy

### 2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

### Description of Violation

*On 10/12/22, 4 video recording cameras; 1 in the dining room and 1 for each main floor hallway, were observed. These cameras are pointing towards bathrooms and resident bedrooms. There are also 5 exterior cameras that record; however no signs are posted informing residents and visitors about the devices.*

### POC Submission

*Accept (GR - 10/31/2022)*

*on 10/11/22 the administrator turned off the video recording both inside and outside the building. In the future if the Pine manor will decide to video record exterior of the building, a sign will be posted on the doors to inform residents and visitors about the device, administrator will also obtain a signed consent from residents if any video monitoring device will be utilized in the building in the future.*

**Licensee's Plan Completion Date:** 10/25/2022

*Implemented (GR - 10/31/2022)*

## 105g - Lint Removal and Duct Cleaning

### 3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (*continued*)**Description of Violation**

*On 10/12/22, there was a thick accumulation of lint in the lint trap of the home's dryer. There were no clothes in the dryer at the time.*

**POC Submission****Accept (GR - 10/31/2022)**

*The administrator retrained staff on 10/13/22 on ensuring lint is removed from the dryer after every load and maintenance staff will continue to perform monthly dryer vent cleaning to avoid any lint build up in the duct. The administrator will also do daily random checks on the dryer for a month and weekly checks thereafter for three months to make sure the lint trap is cleaned. The maintenance staff will sign off every month after cleaning the vent duct.*

**Licensee's Plan Completion Date:** 02/25/2023

**Implemented (GR - 10/31/2022)**

## 132g - Fire Drills Days/Times

**4. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**Description of Violation**

*The home is normally staffed with one overnight staff member during the hours of 9 pm to 7 am. Fire drills held on 03/28/22 at 11:05 pm, 09/10/22 at 11:44 pm and 09/22/22 at 4:42 am were conducted with two staff persons participating in the fire drills.*

**POC Submission****Accept (GR - 10/31/2022)**

*The administrator did a fire drill on 10/14/22 at 3:23am with one staff on shift all the residents evacuated safely within 2 mins and 24 seconds. Going forward the administrator will ensure fire drills are done different days of the week without additional number of staff on the shift. Administrator will also make sure overnight fire drills are done once every six months.*

**Licensee's Plan Completion Date:** 10/25/2022

**Implemented (GR - 10/31/2022)**

## 183b - Meds and Syringes Locked

**6. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On 10/12/22, a vial of Dicyclomine 10 mg, prescribed for Resident 1, was unlocked, unattended, and accessible to residents on the nurses' desk.*

**POC Submission****Accept (GR - 10/31/2022)**

*On 10/13/22 administrator doublechecked to make sure all the medication are locked. Administrator also retrained staff on making sure all medications and syringes are locked in the medication room after every med-pass on 10/13/22. The administrator will do weekly monitoring and checks in the medication room for the next one month*

**183b - Meds and Syringes Locked (continued)**

to make sure all medication is locked away at all times.

Licensee's Plan Completion Date: 10/25/2022

**Implemented (GR - 10/31/2022)**

**191 - Resident Right to Refuse****7. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident 2, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**POC Submission**

**Accept (GR - 10/31/2022)**

The administrator educated resident 2 on the right to refuse medication if they believe that there may be a medication error on [REDACTED]. In addition administrator audited all resident contracts to make sure each one of them contains the right to refuse medication section. The administrator also made sure the right form is saved up in the drive for future admissions.

Licensee's Plan Completion Date: 10/25/2022

**Implemented (GR - 10/31/2022)**

**221c - Post Activity Calendar****8. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted is for the month of September.

**POC Submission**

**Accept (GR - 10/31/2022)**

The administrator posted calendar on 10/12/22 in a conspicuous. Going forth the administrator will make sure monthly calendar is posted in a public and conspicuous place at the home. In addition, the administrator set up a reminder on google calendar on the first day of the month. See attached.

Licensee's Plan Completion Date: 10/25/2022

**Implemented (GR - 10/31/2022)**

**227g - Support Plan Signatures****9. Requirements**

2600.

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

**Description of Violation**

Resident 3 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan nor was there any documentation of the resident's refusal or inability to sign.

**227g -Support Plan Signatures (continued)**

Repeated Violation - 01/13/20

**POC Submission****Accept (GR - 10/31/2022)**

The administrator got resident 3 to read and sign [REDACTED] support plan on [REDACTED] in addition the administrator reviewed all other residents support plans to make sure it was completed and signed on time. The administrator will use a checklist to make sure all resident support plans have been signed before being placed in the binder. Since resident 3 works four days during the week, the administrator will make sure [REDACTED] support plan is completed on [REDACTED] day off that way it is not forgotten.

Licensee's Plan Completion Date: 10/25/2022

**Implemented (GR - 10/31/2022)**