

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

January 8, 2024

[REDACTED] DIRECTOR OF NURSING
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 11/15/2023 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

Facility Information

Name: *PINE MANOR HOME* License #: *33734* License Expiration: *09/28/2024*
 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: *E Lampeter Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *11/15/2023*

Inspection Dates and Department Representative

11/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *31* Residents Served: *18*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *16*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/15/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/22/2023*

12/19/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/04/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/27/2023*

Inspections / Reviews *(continued)*

12/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/05/2024

01/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2024

Reviewer: [REDACTED]

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 11/15/23, a copy of the Chapter 2600 regulations was not posted in a conspicuous and public place in the home.

Repeat Violation - 9/22/22

Plan of Correction

Accept (█ - 12/19/2023)

On 11/15/23 a copy of the Chapter 2600 regulations was posted in a conspicuous and public in Pine Manor Home by the Administrator.

Going forward, the administrator will make DO NOT REMOVE post on the site of posted Reg. 2600. Check list will be created for inspecting the expiration date and posting the current document.

Completion date: 11/15/23

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented (█ - 01/05/2024)

54a - Direct Care Staff

2. Requirements

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

Accept (█ - 12/26/2023)

On 11/25/23 the administrator removed the staff from the schedule and will not be able to work until █ provides the high school diploma.

On 12/21/23 the administrator audited all staff files to ensure that all staff have their high school diplomas and all of them were present.

Going forward, the administrator will audit all staff files every quarter for the next year and for all new hires.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█ 01/05/2024)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (continued)

Description of Violation

On 11/13/23 and 11/16/23 from 11:00 PM - 7:00 AM, 18 residents were present in the home. During this time, the only staff person present in the home was not certified in both CPR and First Aid.

Plan of Correction

Accept () - 12/26/2023)

On 11/16/23 the staff member who did not have the first aid documentation submitted () resignation and no longer works for the company.

On 11/16/23 the administrator audited the staff files to ensure all staff have their first aid/cpr on file.

All staff have their First Aid/CPR and staff were educated on 11/20/23 on the importance of making sure they submit their first Aid/CPR cards to the administrator on time. The administrator will be responsible on making sure atleast on staff on the schedule per shift have completed and passed their First Aid /CPR training. The administrator will verify and sign off on the schedule for the next nine weeks , bi-weekly for two months thereafter.

Licensee's Proposed Overall Completion Date: 12/26/2023

Implemented () - 01/05/2024)

91 - Telephone Numbers

4. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The personal care home complaint hotline was not included on the emergency telephone number list located near the telephones in both the main dining room and also in the basement near the fireplace.

Plan of Correction

Accept () - 12/26/2023)

The Administrator posted Emergency Telephone Numbers on 11/15/23 on each telephone in the home.

The administrator trained the staff on 11/20/23 on making sure the hotline complaint telephone number is posted on the emergency telephone number list.

Starting 12/21/23 The Administrator does weekly walk-throughs ensuring the posting does remain for nine weeks, followed by bi-weekly walk throughs for an additional ten weeks

The administrator shall review quarterly to make sure that the posted Emergency Telephone Numbers are in place.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented () 01/05/2024)

96a - First Aid Kit

5. 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.

96a - First Aid Kit (continued)

Description of Violation

At the time of the inspection on 11/15/23, the first aid kit in the home did not contain scissors, adhesive tape and antiseptic.

Repeat Violation - 9/22/22

Plan of Correction

Accept [redacted] - 12/26/2023)

Tweezers, scissors, antiseptic and tape were added in the first aid kit on 11/28/23 by administrator.

The staff were educated on 11/20/23 on making sure to replenish any items taken out of the first Aid box if they use it or are expired.

The administrator will do monthly inventory check for the First Aid box for the next one year starting 12/21/23.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] - 01/05/2024)

102i - Soap Dispenser

6. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the shower of the basement bathroom, and there were two (2) unlabeled used bars of soap in the shower of the bathroom on the main floor in the lobby.

Plan of Correction

Accept [redacted] - 12/26/2023)

On 11/15/23 the administrator removed the bars of soap from both bathrooms and residents were provided with bodywash, they were also reminded if they have bars of soap they need to ask the staff or administrator for soap dishes.

The staff members were re-trained by administrator on 11/20/23 on making sure the residents are provided with the appropriate individual soap dishes.

Starting 12/21/23 the administrator will do walk-throughs for the next four weeks, every month for the next three months and random checks there after to ensure that there is no bar soap found out of their containers.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] - 01/05/2024)

107c - Food/Water 3 Day Supply

7. Requirements

2600.

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

107c - Food/Water 3 Day Supply (continued)

Description of Violation

On 11/15/23, the home served sixteen (16) residents, requiring forty-eight (48) gallons of emergency drinking water. However, the home had only forty-two (42) gallons. The home does not have a contract with a local bottled water supplier that has the required information.

Repeat Violation - 9/22/22

Plan of Correction

Accept [redacted] - 12/26/2023)

On 11/16/23 the expired water was removed and replaced by the administrator

On 12/21/23 the administrator will start quarterly inspections four times a year and keep the necessary documentation after the inspections.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] - 01/05/2024)

132e - Fire Drill Sleeping Hours

8. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 10/6/23 at 11:45 PM. The previous sleeping hours fire drill was conducted on 2/21/23 at 11:55 PM.

Repeat Violation - 9/22/22

Plan of Correction

Accept [redacted] - 12/26/2023)

The administrator will ensure a sleeping fire drill will be performed every six months, and monthly on all shifts.

On 12/15/23 staff was educated by administrator on the regulations concerning fire drills/fire drills during sleep hours.

The administrator has developed a monthly and quarterly schedule and shared with designated person to make sure it is completed on time.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] - 01/05/2024)

141a 1-10 Medical Evaluation Information

9. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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

Resident #1's medical evaluation dated [REDACTED]/23 did not include height, complete diagnoses addendum, immunization history, body positioning, health status, cognitive functioning, dietary restrictions and the medical professional's license number.

Resident #2's medical evaluation dated [REDACTED]/23 includes the name, date of birth, type of evaluation, date resident evaluated, and date form completed. However, the remainder of the fields are not completed.

Plan of Correction

Accept [REDACTED] - 12/26/2023)

The medical evaluation for resident #1 and resident #2 were corrected

On 11/16/23 the administrator did audit all forms of the residents and did all necessary corrections

Starting 12/20/23 the administrator will review and initial all evaluations for the next six months to verify completion and accuracy.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [REDACTED] - 01/08/2024)

185a - Implement Storage Procedures

10. 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

Resident #1 is prescribed a blood sugar check once per day. The glucometer for Resident #1 is not calibrated to the correct date and time. At 4:05 PM on 11/15/23, the glucometer read 12:47 AM on 5/28 (no year available).

Resident #1's Medication Administration Record (MAR) indicated a reading of 136 on 10/30/23. The glucometer reading for that day shows 131.

Resident #3 is prescribed a blood sugar check four times per day. This resident currently has a freestyle libre, since

185a - Implement Storage Procedures (continued)

11/9/23. Prior to 11/9/23, the resident had a glucometer. On 11/1/23 at 4:13 PM, the Medication Administration Record (MAR) indicated a reading of 147. The glucometer reading for that day and time shows 122.

Repeat Violation 9/22/22

Plan of Correction

Accept () - 12/26/2023)

The glucometer meter for resident #1 was calibrated to the correct date and time by the administrator on 11/16/23.

Starting 1/1/24 the administrator will conduct weekly audits for glucometer meter for four weeks and monthly checks for three months to make sure the documentations matches the glucometer readings. The audit report will be kept in the medication room.

The documentation will be kept and reviewed in the next quarterly meeting on February 28th 2024.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented () - 01/08/2024)

252 - Record Content

11. 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

Resident #1's record does not include a photograph of the resident that is no more than 2 years old.

Repeat Violation 9/9/22

Plan of Correction

Accept () - 12/26/2023)

The administrator did add resident #1's picture on 11/15/23 in the resident admission chart.

The administrator trained the assistant administrator on the importance of having updated pictures of the residents on file.

Starting 1/1/24 the administrator will be doing monthly audits for six months and we will do the necessary documentation , which will be kept in the office.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented () - 01/08/2024)