

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

May 16, 2024

[REDACTED]
LANCO PERSONAL CARE LLC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/25/2024 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: [REDACTED]
 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: *16* Waking Staff: *12*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Incident* Exit Conference Date: *04/25/2024*

Inspection Dates and Department Representative

04/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *31* Residents Served: *16*

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: *14*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/25/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2024*

05/09/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/13/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/16/2024*

Inspections / Reviews *(continued)*

05/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/21/2024

05/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

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

On 3/24/24, Resident [redacted] was transported to the emergency room due to stomach pain and vomiting. The home did not submit an incident report to the Department.

Plan of Correction

Accept [redacted] - 05/09/2024)

Resident [redacted] was discharged from the facility on [redacted]

Going forward, the administrator will ensure that an incident report is submitted to the DHS within 24 hours of its occurrence.

Licensee's Proposed Overall Completion Date: 05/08/2024

Implemented [redacted] - 05/16/2024)

227d - Support Plan Medical/Dental

2. Requirements

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

Resident [redacted] medical record indicates the resident has difficulty eating/swallowing. However, the resident's assessment/support plan (RASP) dated 10/31/23 does not document how this need will be met.

Plan of Correction

Directed [redacted] - 05/10/2024)

Resident [redacted] was discharged from the facility on [redacted].

Going forward, the administrator will ensure that the support plan is documented in the RASP on how every identified need is going to be met such as provision of pureed food and thickened liquids for those with swallowing difficulties. The administrator will conduct an audit of resident records annually and as needed to determine if residents' needs are documented in RASP. Any changes will be communicated with the family member, POA and resident's physician.

Proposed Overall Completion Date: 05/10/2024

Directed-

Administrator will conduct an initial audit on 5/13/24 of all resident records to make sure dietary medical conditions, if any, and how the home plans on meeting this need is properly documented in the RASP.

The administrator will conduct an audit as needed to determine if residents' needs are documented in RASP. Any changes will be communicated with the family member, POA and resident's physician.

Directed Completion Date: 05/10/2024

Implemented [redacted] - 05/16/2024)