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

December 18, 2024

LANCO PERSONAL CARE LLC

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

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PINE MANOR HOME* **License #**: *33734* **License Expiration**: *09/28/2025*

Address: *2165 NEW HOLLAND PIKE, LANCASTER, PA 17601*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *LANCO PERSONAL CARE LLC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *Other* **Date**: *02/24/2000* **Issued By**: *East 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* **Exit Conference Date**: *11/06/2024*

Inspection Dates and Department Representative

11/06/2024 On Site

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: *9* **Are 60 Years of Age or Older**: *16*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

11/06/2024 - Full

Lead Inspector: **Follow Up Type**: *POC Submission* **Follow Up Date**: *11/25/2024*

Inspections / Reviews *(continued)*

11/25/2024 POC Submission

Submitted By: [redacted]
Date Submitted: *12/10/2024*
Reviewer: [redacted]
Follow Up Type: *POC Submission*
Follow Up Date: *12/02/2024*

12/02/2024 POC Submission

Submitted By: [redacted]
Date Submitted: *12/10/2024*
Reviewer: [redacted]
Follow Up Type: *Document Submission*
Follow Up Date: *12/11/2024*

12/18/2024 Document Submission

Submitted By: [redacted]
Date Submitted: *12/10/2024*
Reviewer: [redacted]
Follow Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A was hired [redacted]; however, a Pennsylvania State Police Criminal Background Check was not requested for Staff Member A until [redacted]

Plan of Correction ***Accept [redacted] - 12/02/2024)***

On [redacted], the Administrator D educated all staff involved in hiring new staff the requirements for completing background checks, including the necessary documentation, verification process, and timeframes to meet compliance standard.
Going forward the Administrator will ensure that the policy and procedure for background checks is completed and approved by Aministrator D before an employee begins work. The Administrator D will ensure that start dates are set only after background checks are completed. The administrator B will conduct regular audits of employee files to verify compliance with the background check requirement. The Administrator started this process on [redacted] and to be completed by [redacted].

Licensee's Proposed Overall Completion Date: *11/26/2024*

Implemented [redacted] - 12/18/2024)

64c - Annual Training

2. Requirements

2600.
64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff Member B, one of the home's administrators, completed only 20.5 hours of Department-approved training in training year 2023.

Plan of Correction ***Accept [redacted] - 12/02/2024)***

The Administrator B completed the remaining hours of Department-approved training in training year 2023 -2024 on 11/21/2024 as per the Reg.2600.64(c)The training coordinator from DHS has provided webnar session covering the regulation's specifics available training options, and documentation requirements. The administrator B was educated on 2600.64(c) on 11/7/2024
Going forward the Administrator has created a quarterly check list for documenting completed training hours to ensure compliance with this regulation starting 12/3/2024.
See attached.

Licensee's Proposed Overall Completion Date: *12/03/2024*

64c Annual Training *(continued)*

Implemented [redacted] - 12/18/2024)

85a Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 10:15AM, brown-colored smears and splatter were observed on the walls next to and behind the toilet of the common bathroom by the front side entry of the home.

On [redacted] at 10:30AM, the left-side grab bar adjacent to the toilet in the east resident hallway bathroom was wrapped in black duct tape with the top area ripped open, creating ridges with hair and dark-colored matter caught in the seams. The grab bar could not be properly cleaned nor sanitized.

Plan of Correction ***Accept [redacted] - 12/02/2024)***

Administrator did clean the said splatter off the walls, the duct tape was also removed on [redacted]. Staff was informed and retrained on sanitation procedures on [redacted] by the Administrator.
Going forward the administrator will be scheduled once a month starting [redacted] for the next 6 months to make sure all bathrooms meet the sanitary conditions necessary, all checks will be documented. The Administrator will also do random checks in the building to ensure all the sanitary conditions are being met.

Licensee's Proposed Overall Completion Date: *11/26/2024*

Implemented [redacted] - 12/18/2024)

88a Surfaces

4. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at 9:52AM, the overhead vent in the downstairs common bathroom had an accumulation of dust with the potential to prevent proper ventilation.

On [redacted] at 10:06AM, the ceiling tiles in the lower common area were observed to have multiple areas of heavy discoloration due to an old water leak, as per Staff Member D.

On [redacted] at 10:15AM, the overhead vent in the upstairs bathroom by the front side entry had an accumulation of dust with the potential to prevent proper ventilation.

88a - Surfaces (continued)

Plan of Correction ***Accept - 12/02/2024)***

The overhead vent in the downstairs bathroom and upstairs bathrooms were cleaned on by the Maintenance staff. The Maintenance staff was informed and trained to conduct a comprehensive audit of all ceiling tiles in the facility to esnure safety, cleanliness, and structural integrity. The training was provided by the Administrator on
The maintenance will be scheduled once a month for the next 4 months to clean bathroom and hallway vents starting . The ceiling tile downstairs that was observed on and found to be discolored due to an old water leak was corrected on by the Maintenance staff and is now in good repair. An audit of all ceiling tiles in the home were completed on by the Maintenance staff and the administrator. Going forward, the administrator will oversee and conduct the audit of ceilling tiles to ensure all areas are covered and issues are documented for necessary repairs or replacements on a timely manner starting .

Licensee's Proposed Overall Completion Date: *12/07/2024*

Implemented 12/18/2024)

89b - Hot Water Temperature

5. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On at 9:50AM, the hot water temperature in the downstairs bathroom by the common area measured 127 degrees Fahrenheit.

On at 10:02AM, the hot water temperature in the downstairs kitchenette measured 124 degrees Fahrenheit.

Plan of Correction ***Accept - 12/02/2024)***

On 11/6/2024 the water temperature downstairs in the bathroom and kitchenette measured over the required limit. Witmer company came out to the facility on 11/20/2024 to adjust the temperature, it is now set at 120 degrees per the regulations.
Administrator will do random checks starting on 12/2/2024 once a month during fire drill over the next 6 months to be sure the water temperature is within the limit.
The Administrator started training staff on 11/20/2024 on the specific requirements on 2600.89(b) regarding hot water temperature, explaining the importance of maintaining a maximum temperature of 120 degrees Fahrenheit in all resident-accessible areas, and how to adjust if exceeded.

Licensee's Proposed Overall Completion Date: *12/02/2024*

89b - Hot Water Temperature *(continued)*

Implemented (- 12/18/2024)

101j7 - Lighting/Operable Lamp

6. 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

On Residents and both residents in the lower level Room do not have access to a source of light within reach that can be turned on/off at bedside.

Plan of Correction ***Accept (12/02/2024)***

Administrator on did put lights within reach of resident and resident room that can be turned on/off at bedside. The Administrator placed the lamps on both sides of the nightstand on . All the other bedrooms were audited the same day and all bedrooms have lumps at this time.
On 11/09/2024 the Administrator provided training to staff on 2600.101(j)(7).
The administrator will perform random checks on a monthly basis to be sure they have adequate lighting within reach from bedside for safety reasons starting 12/2/2024. It will be added to admission check list as well for any new resident.

Licensee's Proposed Overall Completion Date: *12/02/2024*

Implemented - 12/18/2024)

107a - Emergency Preparedness

7. Requirements

2600.
107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

Staff Members B and C, the administrators of the home, do not have a copy of and are not familiar with the emergency preparedness plan for the local municipality.

Plan of Correction ***Accept - 12/02/2024)***

Administrator on 11/8/2024 did obtain a physical copy of the emergency preparedness plan for the county of Lancaster and placed it in the emergency plan binder. The emergency plan was already in the email, but it was not printed out. Administrator D provider staff B and staff C with education on 2600.107(a) on 11/8/2024 to ensure that the two satff can coordinate effectively with local emergency services and make informed decisions during and emergency. Going forward, administrator will reach out to the Lancaster County at the beginning of the year to obtain their emergency plan and place it in the binder where it is accessible to the staff.

Licensee's Proposed Overall Completion Date: *11/26/2024*

107a - Emergency Preparedness *(continued)*

Implemented (- 12/18/2024)

131f - Fire Extinguisher Inspection

8. 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 fire extinguishers in the home have not been inspected nor approved by a fire safety expert since October 2023.

Plan of Correction ***Accept - 12/02/2024)***

On the Administrator did contact the fire safety expert they did come out same day to get all the extinguishers up to date. The fire safety expert will come to the facility on a yearly basis before the current tag date becomes expired and will do the inspections in a timely manner.
The Administrator will educate all the staff to understand the inspection process and compliance requirments. This training will be completed by 12/3/2024.
The administrator has set a reminder for 10/1/2025 to call the fire extinguisher company a month before it expires to come out and check them.

Licensee's Proposed Overall Completion Date: *12/03/2024*

Implemented - 12/18/2024)

141a - Medical Evaluation

9. Requirements

2600.
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.

Description of Violation

On , Residents and , admitted on did not have a medical evaluation completed within 60 days prior to admission or within 30 days after admission.

Plan of Correction ***Accept - 12/02/2024)***

Administrator did review all new resident files (Medical Evaluations) on to be sure the dates coincide with 60 days prior to admission or within 30 days after admission. Going forward the Administrator will review the medical evaluations that are sent to us by another home to make sure the date of evaluation and the date the forms were completed are within the limits. If the new resident is coming from home, we will be certain to get them seen by a doctor within 30 days. The administrator audited all the residents DME'S and MA51's on 11/15/24 and all of them were done within timelines. The Administrator will do monthly medical evaluation checks to ensure all medical evaluations are completed on time starting 12/2/24. The Administrator will also educate the Med Tech's on 2600.141(a) on 12/2/24.

Licensee's Proposed Overall Completion Date: *12/02/2024*

141a - Medical Evaluation *(continued)*

Implemented - 12/18/2024)

183b - Meds and Syringes Locked

10. 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 was unlocked, unattended, and accessible in Resident bedroom. Resident cannot self-administer medications per the resident's Assessment and Support Plan, dated

Plan of Correction ***Accept - 12/02/2024)***

The resident did obtain the ointment from the hospital as a sample therefore the Med Tech's were not aware of the resident having access to the ointment. The ointment was removed by the administrator on from the resident's room. The staff and the Administrator did an initial audit of all resident rooms on 11/7/24 to make sure any self administered medications are well stored and for those residents who cannot self-administer medications do not have any medications in their bedrooms. Going forward Staff and the Administrator will do monthly medication checks in resident's rooms over the next 6 months starting 12/02/24 and will make sure that is documented. The staff were trained on 11/7/24 by the Administrator to check on the resident's discharge paperwork any time a resident goes to the hospital for any medications they have been prescribed and make sure it is properly documented and stored. The Administrator will educate all staff and residents on 2600.183(b) on 12/2/24

Licensee's Proposed Overall Completion Date: *12/02/2024*

Implemented 12/18/2024)

183d - Prescription Current

11. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On at 10:38AM, Mupirocin ointment, prescribed for Resident , was observed in the resident's room; however, the medication was discontinued on .

Plan of Correction ***Accept (- 12/02/2024)***

The that was observed on in Resident room was in fact discontinued, discontinued in MAR with the order in Resident's chart. The ointment was to be applied for 7 days then discontinued. Resident did state that he obtained the ointment from the hospital as a sample in which Med Tech's were not aware he had this in his room.The ointment was removed and discarded by the Administrator on . Going forward Staff and the Administrator will diligently work together and do monthly medication checks in resident's rooms over the next 6 months starting 12/2/24 and will make sure that is documented. During the room audits on 11/7/24, the residents were educated by the Administrator to notify staff of any medications they bring into the home.

Licensee's Proposed Overall Completion Date: *12/02/2024*

Implemented - 12/18/2024)

183d - Prescription Current *(continued)*

190c - Record of Training

13. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's 2024 annual practicum medication administration training record for Staff Member C does not include the date, the name of the trainer or documentation of successful completion of the training.

Plan of Correction ***Accept [redacted] - 12/02/2024)***

Medication trainer corrected the form to include the date and the name of the trainer [redacted] This form was printed from the computer after the medication training. The medication trainer will use hard copy form from the state to complete the observations going forward to make sure all the data is completed as required by regulations. The Administrator educated the medication trainer on [redacted] to ensure that the annual practicum medication administration training record is completed properly and thoroughly.
Administrator assessed all staff training files on [redacted] to be sure all documentation is current and correct. Going forward the Administrator will do staff training audits on monthly basis for the next 6 months starting 12/2/24 to be sure all records are up to date and properly completed.

Licensee's Proposed Overall Completion Date: *12/02/2024*

Implemented [redacted] 12/18/2024)

225c - Additional Assessment

14. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident [redacted] most current assessment and support plan was completed on [redacted] However, the resident's previous assessment and support plan was completed [redacted]

Plan of Correction ***Accept ([redacted] 12/02/2024)***

Administrator checked all resident files on [redacted] to be sure the current assessments and support plans for the past year were in the resident's chart.
Going forward, the Administrator will complete retraining of all staff on Regulation 2600.225(c) by 12/7/2024. The Administrator will review all resident files quarterly starting 12/2/2024 to ensure the annual assessment and support plan is completed.

Licensee's Proposed Overall Completion Date: *12/07/2024*

Implemented [redacted] - 12/18/2024)