

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

May 5, 2026

[REDACTED]
PLEASANT VIEW RETIREMENT COMMUNITY
[REDACTED]

ATTN: JAMIE REYNOLDS
[REDACTED]

RE: PLEASANT VIEW COMMUNITIES
544 NORTH PENRYN ROAD
MANHEIM, PA, 17545
LICENSE/COC#: 32185

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2026 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: PLEASANT VIEW COMMUNITIES	License #: 32185	License Expiration: 08/29/2026
Address: 544 NORTH PENRYN ROAD, MANHEIM, PA 17545		
County: LANCASTER	Region: CENTRAL	

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

Legal Entity		
Name: PLEASANT VIEW RETIREMENT COMMUNITY		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: C-2 LP	Date: 02/14/2002	Issued By: Labor and Industry

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 67	Waking Staff: 50

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Incident	Exit Conference Date: 02/12/2026	

Inspection Dates and Department Representative	
02/12/2026 - On-Site	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 65		Residents Served: 53	
Secured Dementia Care Unit			
In Home: Yes	Area: Meadows	Capacity: 17	Residents Served: 14
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 53	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 14		Have Physical Disability: 0	

Inspections / Reviews		
02/12/2026 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 03/07/2026
03/25/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 04/30/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/01/2026

Inspections / Reviews *(continued)*

04/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/28/2026

05/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] an altercation occurred between Staff Member A and Resident [redacted] Staff Member A allegedly pushed Resident [redacted] and grabbed [redacted] arms, as a result bruising was observed on Resident [redacted]s lower arms and upper left arm. Resident [redacted] stated to staff after the incident that Staff Member A grabbed [redacted] on the arms and pushed [redacted] This allegation of abuse was not reported to AAA by completing and submitting the Mandatory ACT 13 form.

Plan of Correction

Directed ([redacted] - 04/29/2026)

All staff members responsible for submitting abuse reports have been re-educated on submitting Act 13 form regardless of alleged abuse. Act 13 form will be submitted with each allegation.

Proposed Overall Completion Date: 03/25/2026

(Directed)

-All staff members responsible for submitting abuse reports have been re-educated by the Administrator on submitting Act 13 form regardless of alleged abuse, this training occurred on/by 3/25/26. An Act 13 form will be submitted with each allegation.

- Beginning 5/4/26, the Administrator will review any/all incidents on a weekly basis to determine that proper reporting practices are being followed.

Directed Completion Date: 05/04/2026

Implemented ([redacted] 05/05/2026)

16c Written Incident Report

2. 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 [redacted] at 8:00am, Residents [redacted]s [redacted] evening medications were observed by a medication technician, sitting in a cup which was on top of the applesauce. Resident [redacted] stated "I must have forgotten to take those last evening." The home did not report this incident to the Department until [redacted].

Plan of Correction

Accepted ([redacted] - 03/25/2026)

DHS investigation claims that a report was not submitted timely regarding medication omission error. Resident is a poor historian stated that [redacted] must not have taken [redacted] medications the night before, however, proper investigation was required to confirm what medications were dissolved in applesauce, after appropriate investigation, reportable was submitted to DHS. When DHS investigator reviewed incident reports suggested that incident not being submitted timely, no pattern of non-timely reporting was established, indicating that facility has correctly and timely reported incidents. Facility feels all incidents need to be investigated and reported. Facility will continue to

16c Written Incident Report (continued)

self report per RCG 2600 regulations. As of 2/20/2026 Med tech trainer completed 2 medication observations on all Med Techs along with skills: Handwashing, gloving, non oral administration and (2) MAR reviews

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented (█ - 05/05/2026)

42b - Abuse**3. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On █ around 11:00 PM, Staff Member A responded to Resident █'s room after he/█ heard someone yelling in that general vicinity. Upon opening the door, Resident █ was yelling that he/█ wanted to get out of the room. Staff Member A attempted to guide Resident █ back into the room, which escalated Resident █'s behaviors. Resident █ began to follow Staff Member A out of the room and attempted to hit and kick Staff Member A. Staff A physically placed both of Resident █'s hands on █ walker and began to guide █ back towards █ room.

Staff Member B came to assist staff Staff Member A and witnessed █ standing in the doorway of Resident █'s room. Resident █ was observed against the wall inside the room stating that he/█ wanted to leave as well as verbally accusing Staff Member A of breaking their arm. Following the incident, Staff Member B observed bruising on Resident █'s bilateral lower arms and left upper arms.

Staff Member C interviewed Resident █ following the incident and Resident █ stated "well that girl █ pushed me. I don't know what █ was doing █ grabbed and was kind of pushing, so I pushed back." During this interview, Staff Member C observed that Resident █ had three bruises on █ bilateral lower arms and a bruise to the upper left arm.

Plan of Correction

Directed (█ 04/29/2026)

All staff member will be retrained during their 6 hours of dementia training educating on difficult behaviors focus on CARES approach, this education program is held monthly with a completion date of 8/5/2026 for all staff members.

Proposed Overall Completion Date: 08/05/2026

(Directed)

Staff Member A was terminated by the residence on 12/22/25 due to suspected resident abuse.

All staff members will be retrained during their 6 hours of dementia training educating on difficult behaviors focus on CARES approach, this education program is held monthly with a completion date of 8/5/2026 for all staff members.

By 5/27/25 all staff members will receive additional training on resident rights, positive interventions and appropriate de escalation techniques. Documentation of this training will be made available upon request.

Beginning 5/18/26, the Administrator will interview a 25% sample of residents weekly to ensure that residents feel that they are being treated with dignity and respect, any issues noted will be documented with remedial efforts.

42b Abuse (continued)

Directed Completion Date: 05/27/2026

Implemented [redacted] - 05/05/2026)

182c - Medication Administration

4. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On [redacted] at 8:00am, Residents [redacted] s [redacted] evening medications were observed by a medication technician, sitting in a cup which was on top of the applesauce. Resident [redacted] stated "I must have forgotten to take those last evening."

Plan of Correction

Directed [redacted] - 04/29/2026)

Med Tech trainer / LPN or designee to complete random medication observations 1 per week X 3 months.

Proposed Overall Completion Date: 06/30/2026

(Directed)

Beginning 5/4/26 the Medication Technician Trainer/LPN or designee will complete random medication observations 1 time per week for a period of 3 months. This will include at a minimum observing 5 medication passes. Any areas of concern noted during these observations will be documented and remedial action will occur with the staff member identified.

Directed Completion Date: 05/04/2026

Implemented [redacted] - 05/05/2026)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

The following residents were prescribed the following medications; however, the medications were not administered per the prescriber's orders as follows:

- Resident [redacted] is prescribed [redacted] however, the medication was not administered on [redacted] at 8:00am.
- Resident [redacted] is prescribed [redacted]; however, the medication was not administered on [redacted] and [redacted] at 8:00pm.
- Resident [redacted] is prescribed [redacted] and [redacted]; however, the medication was not administered on [redacted] in the evening.
- Resident [redacted] is prescribed [redacted]; however, the medication was not administered on [redacted] at 8:00pm.
- Resident [redacted] is prescribed [redacted]; however, the medication was not administered on [redacted] at 8:00pm.

187d Follow Prescriber's Orders (continued)

- Resident [REDACTED] is prescribed [REDACTED]; however, the medication was not administered on [REDACTED] at 1:00pm.

Plan of Correction**Directed [REDACTED] - 04/29/2026)**

LPN to complete MAR audits & prescribed orders. LPN will check 3 Chart per week X 3 months . Any discrepancies found during audits will be corrected immediately

Proposed Overall Completion Date: 06/30/2026

(Directed)

Beginning 5/4/26 the Medication Technician Trainer/LPN or designee will complete random Medication Administration Record (MAR) audits 1 time per week for a period of 3 months. This will include at a minimum auditing 5 resident MARS. Any areas of concern noted during these audits will be documented and remedial action will occur with the staff member identified.

Directed Completion Date: 05/04/2026

Implemented [REDACTED] - 05/05/2026)