

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

June 1, 2026

[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 04/02/2026, 04/03/2026 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: PINE MANOR HOME License #: 33734 License Expiration: 09/28/2026
 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: East Lampeter Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/03/2026

Inspection Dates and Department Representative

04/02/2026 - On-Site: [REDACTED]
 04/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 31 Residents Served: 24
 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: 5 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/02/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/03/2026

05/04/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/28/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/11/2026

Inspections / Reviews *(continued)*

05/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/30/2026

06/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 3/14/26, a total of 18 hours of direct care was required. However, only 16.5 of the required hours, or 89% percent, were provided during waking hours.

Plan of Correction

Accept (█) - 05/12/2026

On 4/6/26 the administrator was retrained by assistant administrator on how to complete the schedule to ensure that sufficient direct care staff are scheduled and available at all times to provide at least one (1) hour of personal care services daily for each ambulatory resident and at least two (2) hours daily for each resident requiring mobility assistance, in accordance with resident care plans and regulatory requirements.

To prevent recurrence of this deficiency, the assistant Administrator will review the schedule before it is posted every week for the next three months to ensure required hours are being sheduled every day. The review began 5/1/26.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented (█) - 05/29/2026

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/2/26 at 2:20 PM and on 4/3/26 at 10:00 AM, the bathroom across from resident room #4 smelled strongly of urine.

Plan of Correction

Accept (█) - 05/12/2026

Resident room # 4 was cleaned by housekeeping staff on 4/6/26

On April 4, 2026, the Administrator provided education and training on proper cleaning procedures and protocols to the housekeeping staff to ensure compliance with facility cleanliness and sanitation standards.

The administrator also found out a resident who has sight issues was the one peeing on the floor and the resident was encouraged to sit down while using the toilet to avoid making the floor wet and causing hazardous environment for other residents. House keeping staff will clean the bathroom three times a day instead of two times and also do random checks throughout the shift.

- On April 4, 2026, the Administrator developed a standardized cleaning checklist and provided training to the housekeeper for immediate implementation to ensure consistent cleaning practices and compliance with facility standards.

- On April 4, 2026, a housekeeping roster and assignment schedule was implemented to ensure completion of housekeeping duties and accountability. The designated housekeeper is responsible for maintaining and following the established schedule

on 4/4/2026 the administrator initiated weekly housekeeping audits. Thereafter, the Administrator will conduct weekly audits every Monday for the next three months to monitor compliance with cleaning standards.

85a - Sanitary Conditions *(continued)*

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented (█) - 06/01/2026

183d - Prescription Current

3. 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 4/3/26, Mucus Relief medication belonging to Resident #2 was in the medication cart. However, there is no current order for this medication.

Repeated Violation - 11/6/24

Plan of Correction

Accept (█) - 05/12/2026

On 4/5/26 the administrator obtained a mucus relief prescription order from Resident #2 doctor. The resident had moved from a different personal care home in February and the trained medication staff did not realize he had brought

The mucus relief medication had been stored in the medication cart without a prescription order. On 4/6/2026, the administrator reviewed all residents' medications and confirmed that each had a doctor's order. On 4/30/26, the administrator also retrained medication staff to ensure that all medications in the cart have corresponding orders and that all new orders are documented in the MAR. Going forward, the medication trainer will audit residents' medications monthly. Overnight staff will also review medications at the beginning of each month to confirm that all doctors' orders are in place.

The monthly audits started on 4/30/2026 for the next four months and randomly thereafter

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented (█) - 06/01/2026

185a - Implement Storage Procedures

4. 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 #3 is prescribed Glucagon Emergency kit as needed. On 4/3/26, this medication was not available in the home.

Resident #4 is prescribed Proair Pespiclín inhaler as needed. On 4/3/26, this medication was not available in the home.

Plan of Correction

Accept (█) - 05/12/2026

Resident #3 Glucagon emergency kit was already in the med cart from 11/11/25, the staff assisting with the survey did not see that it was in the medication cart. The administrator retrained staff on 4/30/26 in making sure they know where all the medications are stored in order to obtain them quickly when needed.

Resident number #4 inhaler was obtained from the pharmacy by the administrator on 4/3/26. The insurance

185a - Implement Storage Procedures (continued)

had declined to pay for it initially and they were waiting on the provider to change it to generic form. Going forward The administrator will audit all residents' medications for the next three months and every other month thereafter to make sure they are available at all times. All staff were trained by the administrator on 4/30/26 on the importance of communicating with the administrator or faxing requests to providers when any medication is missing at the home. All resident medications were audited by administrator on 4/30/26. The administrator will do monthly audits Starting 4/30/26 for the next 4 months and do random checks thereafter.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented () - 06/01/2026)

190c - Record of Training

5. 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 medication administration training record for Staff Member A does not include the following:

- The July 2012 Annual Practicum form was used instead of the 2022 version of the Annual Practicum form for Staff Member A's Annual Requalification form for the year 9/14/24 - 9/14/25. Also, the form did not include the recertification date and the trainer's signature.

The home's medication administration training record for Staff Member B does not include the following:

- The students name, original qualification date, completion date, if the staff was requalified or failed to requalify, the student's signature and date as well as the trainer's signature and date for Staff Member B's Annual Summary and Requalification form for the year 5/14/24 - 5/14/25.

Repeated Violation - 11/6/24

Plan of Correction

Accept () - 05/12/2026)

On 4/30/26 the administrator retrained the medication trainer on making sure the 2022 version of annual practicum forms for all staff are used going forward. Addition the administrator retrained the medication trainer on ensuring all staff forms are completed correctly and on timely version according to regulations. The administrator has also signed up for train the trainer course in order to support the already existing trainer in completing medication observation and completing all the forms according to 2600 regulations. The medication trainer assessed all medication trained staff training files on 4/30/26 and printed out all the new forms to be used whenever the training is due every six months and annually. Going forward the Administrator will do staff training audits on monthly basis for the next 6 months and as needed to be sure all records are up to date. the monthly audits started on 4/30/2026 for the four months and randomly after that.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented () - 06/01/2026)

251b - Record Entries Legible

6. Requirements

2600.

251.b. The entries in a resident’s record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on Resident #1's admission record form, dated [REDACTED], on the name of the Primary Care Provider and the phone number of the Primary Care Provider.

Plan of Correction

Accept ([REDACTED] - 05/12/2026)

On April 20, 2026, the Administrator reviewed Resident #1’s admission record and ensured that all entries were completed in a permanent and legible manner, and were properly dated and signed in accordance with documentation standards.

The Administrator conducted staff training on April 4, 2026, on proper completion of resident forms and documentation in resident records. The training emphasized the following steps: conducting routine chart audits to ensure that all resident records are maintained with permanent, legible, dated, and signed entries.

Quarterly audits were initiated on April 4, 2026 by the administrator to make sure all resident records are completed in according to the regulations, all correction fluid was tossed away so that nobody uses . The next review will be conducted on July 1, 2026, and thereafter audits will continue annually to ensure ongoing compliance and monitoring.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented ([REDACTED] - 06/01/2026)