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

August 13, 2025

[redacted], ADMINISTRATOR
AMERISTAR LLC
687 GREENBRIAR ROAD
YORK, PA, 17404

RE: PINE MANOR HOME
687 GREENBRIAR ROAD
YORK, PA, 17404
LICENSE/COC#: 33478

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2025 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 #:** *33478* **License Expiration:** *04/01/2026*

Address: *687 GREENBRIAR ROAD, YORK, PA 17404*

County: *YORK* **Region:** *CENTRAL*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *AMERISTAR LLC*

Address: *687 GREENBRIAR ROAD, YORK, PA, 17404*

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *03/01/1992* **Issued By:** *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *27* **Waking Staff:** *20*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:** *0*

Reason: *Renewal* **Exit Conference Date:** *06/17/2025*

Inspection Dates and Department Representative

06/17/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *29* **Residents Served:** *27*

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:** *22*

Diagnosed with Mental Illness: *5* **Diagnosed with Intellectual Disability:** *4*

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

Inspections / Reviews

06/17/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/10/2025*

07/10/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/11/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/17/2025*

Inspections / Reviews *(continued)*

07/15/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/11/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/11/2025*

08/13/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *08/11/2025*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident #1 was not signed by the resident.

Plan of Correction ***Accept ([redacted] - 07/10/2025)***

On [redacted] when resident 1 moved to Pine manor, [redacted] refused to sign the contract citing that [redacted] was [redacted] Power of attorney an should sign everything. On 6/17/25, administrator marked refusal on the contract that was left blank. Administrator also audited all the resident files on 7/7/25 to make sure all their contracts were signed by residents and everything was signed correctly. Going forward from 7/7/25, administrator will make sure all the contracts are signed during admission, and do monthly audit for the next four months. Administrator will also have assistant manager go through every new admission to makes sure everything is signed during admission.

Proposed Overall Completion Date: 10/30/2025
Proposed Overall Completion Date: 07/25/2025

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented ([redacted] - 08/11/2025)

51 - Criminal Background Check

2. 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 person A was hired on [redacted]. However, the criminal background check was not requested until [redacted]

Repeated Violation - 6/4/24, et al

Plan of Correction ***Accept ([redacted] - 07/10/2025)***

On 7/1/24, the Administrator educated Human resources specialist involved in hiring new staff the requirements for completing
background checks, including the necessary documentation, verification process, and time frames to meet compliance standard. The administrator had requested staff member A background check to be completed on [redacted] but it was not done until [redacted]. Th administrator also called DHS to clarify the regulation since [redacted] thought it needed to be done within 30 days.
Going forward the Administrator will ensure that the policy and procedure for background checks is completed and approved by Administrator before an employee begins work. The Administrator will ensure that start dates are set only after background checks are completed. The administrator will conduct regular audits of new employee files to verify compliance with the background check requirement before they start. The hiring specialist started a form to be used when hiring new employees. The process was started on 7/1/24 and it will be completed by 12/31/25.

Proposed Overall Completion Date: 10/31/2025
Proposed Overall Completion Date: 07/25/2025

51 - Criminal Background Check *(continued)*

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented (- 08/13/2025)

54a - Direct Care Staff

3. 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

Staff person A, hired on does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeated Violation - 6/4/24, et al

Plan of Correction ***Directed (- 07/15/2025)***

Administrator removed staff member A from the schedule of performing resident care and giving medications on 6/18/25 until they submit their high school diploma. Going forward administrator will make sure they receive high school diploma from any new staff before proceeding with hiring them. Human resources manager will be in charge of hiring process going forward to make sure all the necessary documentation are submitted before an employee start working at Pine manor. Human resources will use a hiring checklist during new hire that was created by administrator on 7/1/25. Human resource will audit new employees during hire starting 7/1/25 on on a quarterly basis.

Proposed Overall Completion Date: 07/31/2025

[Directed]

- *In addition to the steps above, the human resources manager or designee will complete an initial audit of all current employee records to ensure compliance with this regulation. This will be completed by 8/4/25. Documentation of this audit will be kept and be available for the review by the Department.*

Directed Completion Date: *08/04/2025*

Implemented (- 08/13/2025)

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 6/17/25, there was peeling paint on the ceiling above exit door #6 on the lower level of the home.

On 6/17/25, there was an area of the ceiling, above the bed, where the plaster board was broken and pushed in located in resident room #3. The area was approximately 4 inches by 4 inches in circumference.

On 6/17/25, the tile to the left of the sink was missing in the lower-level bathroom. The caulk surrounding the sink

88a - Surfaces (continued)

was separating and cracked from the wall.

Plan of Correction ***Accept (- 07/10/2025)***

The ceiling above exit door#6 was painted on 6/25/25 by the maintenance staff.
The maintenance staff replaced the plaster board and painted the ceiling on 7/1/25.
The maintenance staff is fixed the tiles in the downstairs bathroom on 7/6/25.
The Maintenance staff was informed and trained by administrator to conduct a comprehensive audit of all ceiling, walls and floors monthly for the next six months to ensure the home is in good condition. This was done on 6/17/25.
The cleaning staff were also educated on 6/17/25 to make sure they report any areas in the rooms that need to be repaired. The administrator created a checklist on 6/20/25 to be used by staff to report any maintenance request so that it is addressed in a timely manner.
starting from 7/1/2025 the administrator will oversee and conduct the monthly audits for the next six months and random checks thereafter.

Proposed Overall Completion Date: 11/30/2025

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented (- 08/13/2025)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 6/17/25, at approximately 9:12 AM, there was an approximate 1.5-inch accumulation of lint in the lint trap of the dryer located in the basement. There were no clothes in the dryer at the time.

Plan of Correction ***Accept (- 07/15/2025)***

On 6/17/25 the cleaning staff removed the lint from the dryer vent Infront of the surveyors and threw them away.
On 7/3/25 administrator trained all the staff on making sure all the lint are cleaned out after every load to avoid creating a fire hazard, they were trained on making sure lint shall be removed from the lint trap and drum of clothes dryers after each use. The Administrator will do a weekly audit starting 7/3/25 for the next 6 weeks and random checks thereafter to ensure the lint is cleaned out after every use.

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented (- 08/13/2025)

183d - Prescription Current

7. Requirements

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

183d - Prescription Current *(continued)*

Description of Violation

On 6/17/25, Clotrimazole cream prescribed for resident #1 was in the home's medication cart; however, this cream was discontinued.

Plan of Correction ***Accept (- 07/10/2025)***

on 6/17/2025, the administrator threw away clotrimazole that had been accidentally left in the medication cart after it was discontinued. Director of nursing retrained all the med-techs on 7/3/25 on making sure all discontinued medications are discarded. Director of nursing a also assigned one of the med-techs to do weekly med cart audits for the next four weeks and monthly thereafter for four months. The audits will be overseen by the administrator starting 7/3/25

Proposed Overall Completion Date: 12/31/2025

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented (- 08/11/2025)

187a - Medication Record

8. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #3 is prescribed Eliquis 5mg. However, the resident's June 2025 medication administration record did not include a diagnosis or purpose for the medication.

Resident #4 is prescribed Eliquis 5mg, Furosemide 40mg and Clonazepam 0.5mg. However, the resident's June 2025 medication administration record did not include a diagnosis or purpose for these medications.

Plan of Correction ***Accept (- 07/15/2025)***

The administrator audited all resident MAR and made sure all the diagnoses are listed on 7/1/25. Director of nursing trained all med-trained staff on 7/3/25 on making sure the diagnosis is listed on every medication the residents are taking. Assistant administrator will complete weekly audit 7/3/25 for the next four weeks and for three months after that. The administrator will complete monthly checks too on the MAR.

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented (- 08/11/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Eliquis 5mg with orders to take twice a day

187d - Follow Prescriber's Orders (continued)

. However, this medication was not administered to resident #3 from 6/7/25 through 6/17/25 because the medication was not available in the home.

Repeated Violation - 6/4/24, et al

Plan of Correction ***Accept (- 07/10/2025)***

On 6/17/25, the administrator called the pharmacy to find out what happened with resident medication, the pharmacy did not receive the new prescription from the doctor. The administrator faxed the order to the pharmacy and the medication was delivered on 6/17/25. The administrator notified residents doctor via phone about the missing Eloquis. The med- trained staff were trained on 7/2/25 in making sure they review all after visit summary notes and fax any orders to the pharmacy. Administrator put a notice board in the medication room where all resident appointments shall be listed for the month. all medication trained staff were educated on importance of checking the five medication rights before giving medications to ensure all medications are given according to the prescriber. Administrator will do weekly audits starting 7/2/25 for four weeks and monthly thereafter to make sure all the medications prescribed are in the medication cart.

Proposed Overall Completion Date: 12/31/2025

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented (- 08/11/2025)

225a - Assessment 15 Days

10. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's initial assessment, dated does not include the following diagnoses: hyperlipidemia, schizoaffective and personality disorder. Also, this assessment does not include the resident is unsafe around poisonous materials as indicated on resident's initial medical evaluation, dated .

Plan of Correction ***Accept (- 07/15/2025)***

The administrator was educated on 6/17/25 by the surveyors on makin sure all diagnoses are added on the RASP and making sure any new ones are added within 30 days.
On 6/18/2025, the administrator added hyperlipidemia, schizoaffective and personality disorder on the resident's RASP. The administrator also included resident is unsafe around poisonous materials. The administrator audited all residents RASP to make sure it matches the diagnosis on the DME on 7/3/25. Starting 7/2/2025,the administrator will do monthly RASP audits for the next four months. The administrator will double check them when the resident goes for annual checks or doctor's visit to ensure new diagnoses is added to the RASP.

Licensee's Proposed Overall Completion Date: *07/31/2025*

Implemented (- 08/11/2025)