



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 28 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Loriann Putzier, Executive Vice President
Tithonus Chambersburg, LP
C/O Integracare Corp
6600 Brooktree Court, Suite 100
Wexford, Pennsylvania 15090

RE: Magnolias of Chambersburg – Building 2
745 Norland Avenue
Chambersburg, Pennsylvania 17201

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on December 17, 2009 and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.


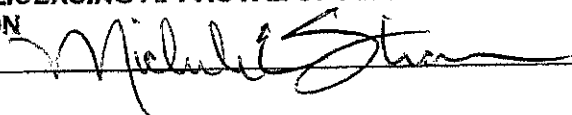
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

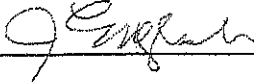

Enclosure
License

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Chambersburg – Building 2 745 Norland Avenue Chambersburg, PA 17201		CURRENT LICENSE NUMBER 307690	
INSPECTION DATE(S) (Include all dates of the inspection) December 17, 2009		REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager	
SIGNATURE OF LEGAL ENTITY 	DATE 1/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/15/10

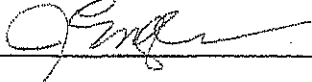
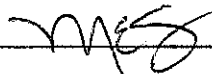
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51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	The home did not complete a criminal history check for the home's hairstylist.	12/23/09 12/31/09 1/25/10	The criminal history check for the community's stylist was obtained on 12/23/09. An audit of the personnel and consultant files was completed on 12/31/09 and no additional criminal history checks were found to be missing. The center issued a letter on 1/25/2010 to providers indicating we must have a criminal history check result on file before assigned personnel can provide services to our residents.	MEG 4/15/10


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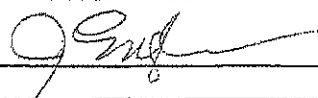
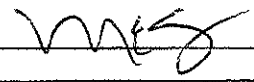
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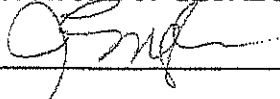
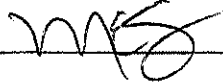
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109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	The facility has a program once a month with canine therapists from Kindly Canines. The home has rabies vaccination information on 39 canines; however the rabies certification for 10 of the canines was not current.	12/31/10	The Activities Director has determined that six canines registered with Kindly Canines actually visit the community monthly. Of the six canines that visit monthly, two of the canines required updated vaccination records which were obtained. The Executive Director and the Activities Director audited the health records of the two animals who reside in the community to ensure current rabies certifications were on file. No additional issues were identified.	 4/15/10

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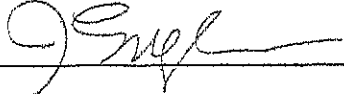
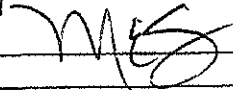
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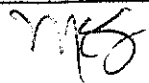
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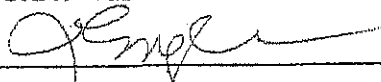
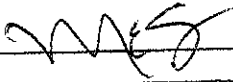
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130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home's emergency procedures do not include a procedure to implement in the event the fire alarm and smoke detector systems are inoperable.	12/17/09	The Emergency/Disaster Plan was revised to reflect that a fire watch would be implemented in the event the fire alarm or smoke detector system would be inoperable. The revision was reviewed with the on-site DPW inspectors on 12/17/09 and deemed acceptable.	 4/15/10

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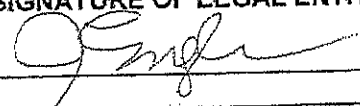
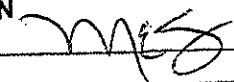
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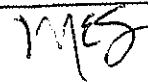
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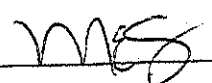
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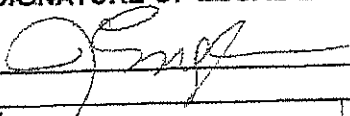
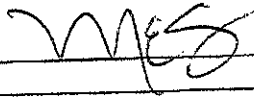
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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The home's fire drill record indicates that a drill was conducted on 8/19/09 when 15 residents were in the home; however 14 residents were evacuated. The home did not evacuate one resident who receives Hospice Care. Staff person A confirmed that the home does not evacuate residents who receive Hospice Care.		The home did not evacuate the hospice resident on 8/19/09 due to frail and condition and failing health The resident involved expired 8/20/09. The facility reviewed fire drill records and determined that there was an additional occurrence on 12/30/09 that a resident receiving hospice was not evacuated. The resident expired on 12/31/09.	 4/15/10


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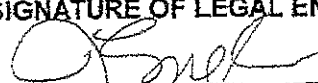
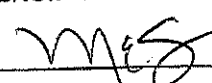
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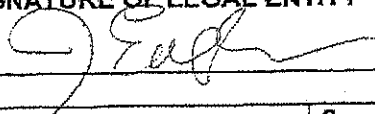
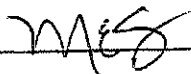
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141a The medical evaluation shall include the following: (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (6) Immunization history.	Resident #1, date of admission 4/10/07, has a medical evaluation dated 5/18/09 that is not completed. The medical information pertinent to diagnosis and treatment in case of an emergency and immunization history is blank.	1/18/10 12/31/09	The physician's office for resident 1 was contacted to complete the medical information pertinent to diagnosis, treatment in the case of emergency and immunization history. The Director of Resident Care conducted an audit to determine the timeliness and completeness of the medical evaluations for all in-house residents in building 2. The audit indicates that three annual medical evaluations were not completed timely and six evaluations reflected missing or out dated data. As of 1/22/2010 these evaluations have been revised.	 4/15/10

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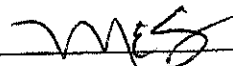
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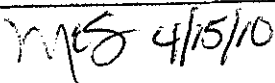
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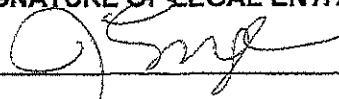
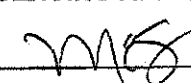
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141b1 A resident shall have a medical evaluation at least annually.	Resident #2, date of admission 7/15/01, did not have a medical evaluation in 2008.		The physician's office was contacted on 12/17/09 to determine if a duplicate copy of the 2008 medical evaluation was available. A duplicate copy of the 2008 evaluation was not available however the 2009 medical evaluation was on file at the time of the inspection. The Director of Resident Care conducted an audit of residents residing in building 2 and identified that two additional residents lacked a 2008 medical	 4/15/10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Chambersburg – Building 2 745 Norland Avenue Chambersburg, PA 17201		CURRENT LICENSE NUMBER 307690	
INSPECTION DATE(S) (Include all dates of the inspection) December 17, 2009		REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager	
SIGNATURE OF LEGAL ENTITY 	DATE 1/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/15/10

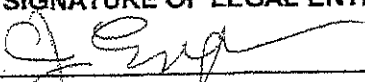
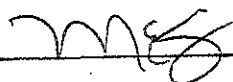
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141b1 A resident shall have a medical evaluation at least annually.	Resident #2, date of admission 7/15/01, did not have a medical evaluation in 2008.	1/15/10	The Executive Director will review the medical evaluation of each new admit to the community within 48 hours of the admission to ensure the medical evaluation is present and properly completed and entered onto the tickler system. The Executive Director will spot check existing charts monthly to ensure that completed evaluations remain on file.	

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1, #2, #3 and #4's annual assessments are not completed. The special health and dietary needs assessment is blank for all residents. Resident #3's annual assessment for history of falls and safety issues and supervision needs is blank. Resident #4's annual assessment for history of falls and safety issues is blank.	1/27/10	Care staff will be in-serviced on January 27, 2010 to recognize changes in condition which may trigger the need for further assessment. The Director of Resident Care will monitor shift reports daily and conduct care rounds with care staff to validate condition changes and complete assessments timely.	

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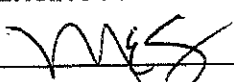
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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The 4/14/09 assessment for Resident #1 indicates that the resident is mobile however the medical evaluation for Resident #1, dated 5/18/09, indicates that the resident is immobile. The physician was not contacted regarding the discrepancy.	1/18/10	The physician's office for Resident 1 was contacted to discuss and resolve the resident's mobility status. The Director of Resident Care conducted an audit to determine a review to determine if data contained on the resident's assessment was consistent with the medical evaluation.	 4/15/10

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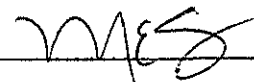
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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Support plans for all residents are stored in each resident's medical file. The home does not keep a copy of each resident's support plan in the administration file attached to the contract.	12/31/09	Current support plans have not been maintained in the administration file attached to the contract. The Dir of Res Care and The Dir of Sales and Marketing have been in-serviced to maintain a copy of the current support plan with the contract.	4/15/10

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