



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

ADULT RESIDENTIAL LICENSING

JUL 21 2010

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

Ms. Loriann Putzier, Chief Operating Officer
Tithonus Lancaster, LP
C/O Integracare Corp.
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: Magnolias of Lancaster
1870 Rohrestown Road
Lancaster, Pennsylvania 17601

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on April 27, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

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

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Magnolias of Lancaster, 1870 Rohrestown Road, Lancaster, PA 17601		322590	
INSPECTION DATE(S) (Include all dates of the inspection)	REGIONAL REPRESENTATIVE		
4-27-10	D. Jones, S. Chou		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
Bethany A. Porter, Executive Director			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Bethany A. Porter</i>	5-13-10	<i>Cybil Bomberg</i>	7/13/10

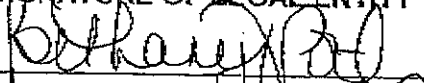
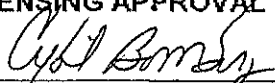
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	<p>-From 4-6-10 thru 4-18-10, the home did not have a staff person trained in First Aid or CPR working the 6:00 PM to 6:00 AM shift</p> <p>-On two consecutive Sundays, 4-11-10 and 4-18-10, the home did not have a staff person trained in First Aid or CPR working the 6:00 AM to 6:00 PM shift.</p> <p>-On Saturday, 4-10-10, the home did not have a staff person trained in First Aid working the 6:00 AM to 6:00 PM shift.</p>	<p>05/12/2010 06/02/2010</p> <p align="center">PCH Division Central Region Field Office</p>	<p>CPR and Basic First Aid Training scheduled with American Red Cross for May 12, 2010. All Medication Assistants who are not currently certified will receive their training at that time, insuring compliance. Remaining Resident Care staff will receive training on June 2, 2010.</p> <p>Please see attached Training Contract as verification. Moving forward, copies of all CPR and First Aid cards will be kept in Personnel files to insure that expiration dates are noted during scheduled audits of Personnel files.</p> <p><i>The administration or designee will</i></p>	<p align="right">7/14/10 <i>CB</i></p>

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review the schedule for each week in advance, check the training records of the staff scheduled to ensure that there is always at least one staff person present who is trained and certified as required. CB 7/13/10

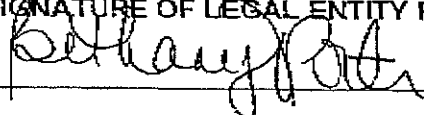
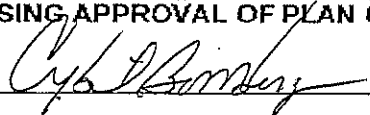
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1017 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	There was no lamp or other source of lighting by the bedside in room B-1.	Immediate and ongoing 7-14-10 ^{CB}	Bedside lamp in room B-1 was located across the room, having been moved by Resident. Repositioning of the furniture and accounting for all required furnishings has been added to daily housekeeping checklist for each room. Please see attached checklist marked 1017 <i>After conversation with the administrator the home is also providing night lights to residents who continue to move their lamps from the bedside location.</i> CB - 7/14/10	Steps have been taken to correct violation; full compliance is not verifiable 7/14/10 Date Initials (DPW) <i>CB</i>



13/2010/13.58 FAX 717861200
 MAGNOLIAS OF LANCASTER
 003/2010



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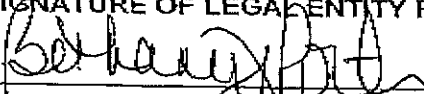

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141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluation, dated 2-17-10, for Resident 1 had the Medication Administration Record (MAR) attached. The attached MAR was dated 1-2-10.	Immediate and ongoing	All Medical Evaluations were audited to insure none included "see attached" listed for medications. Requirements moving forward are that all medications be listed directly on the face of the Medical Evaluation without exception. ME's will be audited by DRCS immediately upon return from the physician for discrepancies, and will initial prior to posting to the Resident Record. ED will monitor returned and new ME's for compliance utilizing the tickler system established to facilitate compliance.	7/14/10 

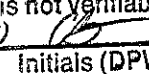
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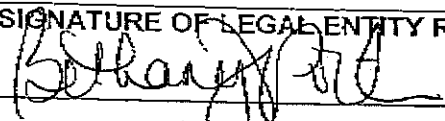
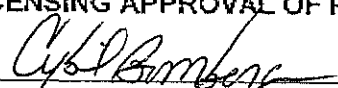
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141b-1 A resident shall have a medical evaluation at least annually.	A medical evaluation was completed for Resident 1 on 2-17-10. The previous medical evaluation was dated 1-28-09, more than twelve months prior.	Immediate and ongoing 5-13-10 	Medical Evaluation, Assessment and Support Plan tickler system has been in place since 2009. A misunderstanding regarding the due dates on the tickler system caused this error. Documentation Training includes Regulations relative to due dates being <i>prior to due date</i> , rather than "within the month of". New Resident Care software system implemented on 05/04/2010 includes the ability to run reports which include due dates for initial and annual documentation. Software will be utilized by Director of Resident Care Services to maintain accurate and timely records. This, coupled with current tickler system, which has been updated, will serve as additional checks and balances to assure timeliness of this required documentation. ED to monitor weekly until pattern of compliance is established, then monthly.	Steps have been taken to correct violation; full compliance is not verifiable 7/13/10  Date Initials (DPW)


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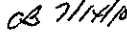
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>-Resident 2's medication of <i>Lorazepam</i>, 0.5 mg, was found in the medication cart but was not listed on the MAR.</p> <p>-Resident 3's medication of <i>Lorazepam</i> expired on 10-25-09.</p> <p>-Resident 4's medication of <i>Cyanocobalamin</i>, 1000 mg, expired 3-16-10 and was not listed on the MAR.</p> <p>-Resident 6's medication of <i>Acetaminophen</i> expired on 4-16-10.</p>	Immediate and ongoing	<p>Monthly medication cart audits have been increased to weekly medication cart audits to insure that expired and discontinued medications are removed from the cart. Our internal audit revealed all medications found which were not listed on the MAR had been discontinued, but not removed from cart. Training scheduled for May 18, 2010 to review this protocol with Medication Assistants.</p> <p>Weekly audit of medication cart is to be done by Medication Assistant on Tuesday PM shift. (Please see attached task list). DRCS will monitor progress by conducting <u>weekly</u> med cart audit to establish pattern of compliance, and ED to monitor regularly.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/14/10  Initials (DPW)</p>

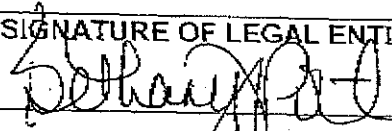
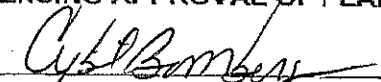
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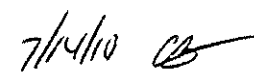
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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	-There was no name on the bottle of Miralax for Resident 2. -There was no name on the bottle of nature made vitamin D for Resident 5.	Immediate and ongoing 7/20/10	This error occurred due to a recent admission arriving with previously purchased medications, which were not properly labeled when added to medication cart inventory. All OTC medications which come from contracted pharmacy are properly identified and labeled with Resident information. Item has been added to admission checklist to insure that all OTC medication bottles are properly labeled with Resident's name at time of admission. Director of Resident Care is responsible for completing admission checklist and insuring all items have been completed. (Please see attached Admission Checklist)	Steps have been taken to correct violation; full compliance is not verifiable 7/14/10  Date Initials (DPW)



Weekly medication audits will be used to check to ensure that all medications including OTC's + CAM's are labeled with residents names as required. 7/14/10 

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (6) Dose.	The MAR and the pharmacy label do not match for Resident 2's PRN medication of <i>Lomotil</i> , 2.5 mg. The MAR reads <i>Lomotil</i> , 'take 1 tablet by mouth three times a day' and the label on the bottle reads 'take 2 tablets by mouth three times a day'. Repeal Violation – 4-28-09	Immediate	Lomotil found in medication cart with label that did not match the MAR was a discontinued medication which had not been removed from the cart, as noted above. Correctly labeled medication was present in medication cart at time of Survey. Monthly medication cart audits have been increased to weekly audits to insure that expired and discontinued medications are removed from the cart on a more timely basis. Training scheduled for May 18, 2010 to review this protocol with Medication Assistants. Weekly audit of medication cart is to be done by Medication Assistant on Tuesday PM shift. (Please see attached task list), DRCS will monitor progress by conducting weekly med cart audit to establish pattern of compliance, and ED to monitor regularly.	

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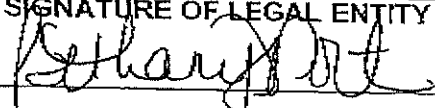
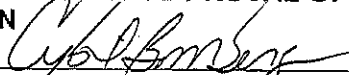
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187d The home shall follow the directions of the prescriber.	Resident 2 did not receive their dose of Zocor for high cholesterol on 4-19-10 and 4-20-10. The home did not have the medication available for the resident. Repeat Violation – 4-28-09	Immediate	Error occurred due to family of new Resident not obtaining medications from pharmacy in a timely manner. Resident is now using contracted pharmacy for prescription refills. Documentation training with Medication Assistants outlines Regulatory requirements of maintaining appropriate medication inventory in the home at all times. Weekly medication cart audits (Tuesdays PM) will include an audit of all medications not purchased from contracted pharmacy which may run out within one week. (Please see attached task list) Reminders with documentation will be given to families with notice that prescriptions will be filled by contracted pharmacy if medications are not present in home by 24 hours prior to administration of last dose.	Steps have been taken to correct violation; full compliance is not verifiable 7/12/10 Date Initials (DPW)

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190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	-Staff persons A and B completed the initial medication training on 3-25-09. The initial annual practicum for 2010 has not been done. -Staff person C completed the initial medication training on 6-30-08. The initial annual practicum for 2009 has not been done.	04/28/2010 Completed	Annual Practicum was completed for staff persons A, B & C on 04/28/2010. Please see attached. ED has established an Outlook reminder, which is updated at time of Medication Administration training and thereafter when each Annual Practicum has been completed. (please see attached tickler print-outs marked 190b) <i>In the future any staff person who does not complete the annuals timely will re-take the entire medication administration course. CS 7/14/10</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>7/14/10</i> Date Initials (DPW) <i>CS</i>

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225c & 231f 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. 231f In addition to the requirements	Resident 6 was admitted on 3-7-06. The current assessment was dated 4-7-09. There is no annual assessment for 2010.	Immediate and ongoing 5-13-10 ⁽¹⁰⁾	Annual Assessment was completed for Resident 6 on 05/06/2010. New Resident Care software system implemented on 05/04/2010 includes the ability to run reports which include due dates for initial and annual documentation. Software will be utilized by Director of Resident Care Services to maintain accurate and timely records. Director of Resident Care Services will use tickler system integrated into software system as a reminder of Assessments due, scheduling 5 days prior to due date.	Steps have been taken to correct violation; full compliance is not verifiable 7/14/10 Date Initials (DPW)

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in 225, the resident shall also be assessed annually for the continuing need for the secured dementia care unit.				<i>Contd</i>

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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.	Resident 2, admitted on 3-11-10, had an initial support plan developed within 72 hours. A 30-day support plan has not been done.	Immediate and ongoing	Support Plan was developed for Resident 2 on 05/10/10. New Resident Care software system implemented on 05/04/2010 includes the ability to run reports which include due dates for initial and annual documentation. Software will be utilized by Director of Resident Care Services to maintain accurate and timely records. Director of Resident Care Services will utilize tickler system, scheduling Support Plans to be completed 5 days prior to due date. <i>Per Administrator- Additional training was completed with staff who are responsible to track due dates. CB</i>	Steps have been taken to correct violation; full compliance is not verifiable 7/14/10 <i>[Signature]</i> Date Initials (DPW)

7/14/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrestown Road, Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATE(S) (Include all dates of the inspection) 4-27-10	REGIONAL REPRESENTATIVE D. Jones, S. Chou		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 7/14/10

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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident 1's annual assessment was dated 2-16-10; a support plan has not yet been developed.	Immediate and ongoing	Support Plan was developed for Resident 1 on 04/27/10. New Resident Care software system implemented on 05/04/2010 includes the ability to run reports which include due dates for initial and annual documentation. Software will be utilized by Director of Resident Care Services to maintain accurate and timely records. Director of Resident Care Services will utilize tickler system, scheduling Support Plans to be completed 5 days prior to due date. <i>Additional training was provided to staff to ensure that the support plans and assessments are completed timely in the future - for phone call w/ Administration on 7/14/10 @.</i>	<i>7/14/10 CB</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrestown Road, Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATE(S) (Include all dates of the inspection) 4-27-10	REGIONAL REPRESENTATIVE D. Jones, S. Chou		
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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
234d The support plan shall be revised at least annually and as the resident's condition changes.	Resident 1 was admitted into the secure dementia unit on 1-28-09. The support plans in the record are dated 1-28-09 and 3-1-09. A support plan has not been developed for 2010. Repeat Violation – 4-28-09	Immediate and ongoing	Support Plan was developed for Resident 1 on 04/27/10. New Resident Care software system implemented on 05/04/2010 includes the ability to run reports which include due dates for initial and annual documentation. Software will be utilized by Director of Resident Care Services to maintain accurate and timely records. Director of Resident Care Services will utilize tickler system, scheduling Support Plans to be completed 5 days prior to due date.	7/14/10 <i>CB</i>

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