

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TITHONUS CHAMBERSBURG, LP

LEGAL ENTITY

To operate MAGNOLIAS OF CHAMBERSBURG - BUILDING 2

NAME OF FACILITY OR AGENCY

Located at 745 NORLAND AVENUE, CHAMBERSBURG, PA 17201

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 26
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 28, 2011 until March 28, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 307690

Robert E. Robinson

ISSUING OFFICER

R C King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAR 23 2011

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 1000
Wexford, Pennsylvania 15090

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

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on December 8, 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 black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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 DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>RODNEY L. HANNAH INTERIM EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Rodney L. Hannah</i>	DATE 01-27-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Staci Erick</i>	DATE 3/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff A, hired on 10/26/10, performed unsupervised ADL services without completing the Department's on-line direct care training course and competency test.	12-08-10	65d Direct care staff completed the Department's on-line direct care training course and competency test on 12/08/2010.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>3/14/11</u> Initials <u>DPW</u>
		01-31-11	An audit of the employee files was conducted to determine compliance with the direct care training course and competency test. Two (2) additional employees were found. Employees will complete on line test.	
		12-14-10	A review of our practices for competency testing revealed that staff A's orientation occurred during a time when the DPW web sight was unavailable and our follow up for employee file compliance was over looked.	
		01-26-10	The Business office personnel, Director of Resident Care & remaining supervisors were re-inserviced on DPW's requirement for competency testing prior to employees performing ADL services.	

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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 DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Lloyd Leggett Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY				
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual		02-01-11	The Departmental Director will initial new hire orientation documentation to verify compliance. Executive Director will perform a random audit of new hire personnel files monthly for compliance.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <table border="1"> <tr> <td>Date</td> <td>Initials (DPW)</td> </tr> <tr> <td align="center">3/14/11</td> <td align="center">BE</td> </tr> </table>	Date	Initials (DPW)	3/14/11	BE
Date	Initials (DPW)							
3/14/11	BE							

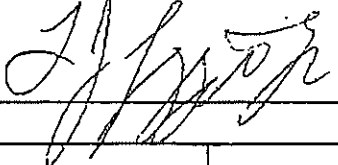
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 3-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION LE	DATE 3/14/11

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assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				

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

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NAME AND ADDRESS OF PERSONAL CARE HOME MAGNOLIAS OF CHAMBERSBURG BUILDING 2, 745 NORLAND AVENUE CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 307690	
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	The home's unlocked kitchen has an "ultra active sanitizer" dispenser over the kitchen sink with a warning label that reads "corrosive to eyes or skin and to call doctor or poison control center." Residents of the home have not been assessed capable of recognizing and using poisons safely.	12-17-10	82c A lock was installed on the "ultra active sanitizer" dispenser located over the kitchen sink. See attached.	3/14/11 <i>Be</i>
		12-17-10	A review of community chemical dispensers was conducted. Additional dispensers were found to be located behind locked doors and non-accessible to our resident population.	
		12-17-10	Future installations of chemical and/or poisonous product dispensers will need to be reviewed by the Maintenance Director and Executive Director for proper safety systems prior to installation.	
		01-26-11	Staff members will be in-serviced on the hazards of chemicals in the senior living community during our January 2011 General Staff Meeting.	

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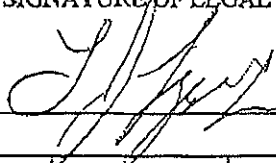
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME MAGNOLIAS OF CHAMBERSBURG BUILDING 2, 745 NORLAND AVENUE CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 307690	
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SIGNATURE OF LEGAL ENTITY 	DATE 3-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>RL</i>	DATE 3/14/11

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	The home's unlocked kitchen has an "ultra active sanitizer" dispenser over the kitchen sink with a warning label that reads "corrosive to eyes or skin and to call doctor or poison control center." Residents of the home have not been assessed capable of recognizing and using poisons safely.	02-25-11	<i>Continued.</i> Maintenance Director and Executive Director will monitor all new installations of Poisonous/Chemical dispensers in the community. Executive Director and Maintenance will monitor the community for potential safety hazards during their monthly Environmental Audit.	

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	There were three different bars of soap stored on the ledge of the white step-in tub in the shower/tub room beside the wellness office.	12-08-10	102i Due to the soap bars being unmarked, the bars were discarded following they survey community walk through.	3/14/11 <i>SE</i>
		12-08-10	An inspection of all community bath and shower areas was conducted and no additional unmarked bars of soap were found.	
		12-08-10	Upon review of our bathing schedules it was determined that 1 resident uses bar soap in the tub area, and resident does utilize a soap dish which is kept in residents private room. Staff will utilize the daily assignment sheet to monitor tub area after the scheduled bath.	
		01-26-11	Resident Care staff members will be re-inserviced on the proper storage (soap dishes) and labeling of individual soap utilized in resident bathing during their January 2011 monthly departmental meeting.	

12-14-10

Resident Care Director and Executive Director will monitor bathing and shower areas during daily community rounds for unmarked bathing items

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/14/11

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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home has 1 staff person routinely scheduled during sleeping hours from 10 pm to 6 am. Two staff persons participated in the previous two sleeping hour fire drills as follows: <ul style="list-style-type: none"> Fire drill conducted on 4/29/10 at 1:42 am had 2 staff participating. Fire drill conducted on 10/28/10 at 5:28 am had 2 staff participating. 	02-01-11 On Going	132g Fire drills will be conducted routinely to meet life safety needs within all regulatory parameters, and verification will be forwarded to the Regional Field office by the Executive Director. The Executive director will work with the Director of Resident Care to identify and document mobility needs specifically for evacuation (on-going), and evacuation times will be adhered to for all staffing patterns.	Steps have been taken to correct violation; full compliance is not verifiable 3/14/11 [Signature] Date Initials (DPW)

MAR/04/2011/FRI 11:26 AM

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

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/14/11

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		01-03-11	<i>Continued,</i> Director of Resident Care Services has established tickler system to alert her to upcoming Medical Evaluations. Medical Evaluations will be faxed to physicians and upon return Director will review for accuracy. Should forms be incomplete the Director will refax to physician until complete. Executive Director will randomly review Medical Evaluations for accuracy as well.	

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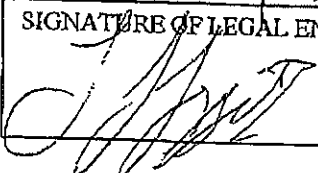
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 3-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Eruit</i>	DATE 3/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	At the time of the inspection, there were 6 loose pills (5 white & 1 green) found in the bottom drawer of medication cart located in the home's nursing office.	12-08-10	183c The 6 loose pills found in the medication cart were properly destroyed following discovery.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/14/11 DE</i> Date Initials (DPW)
		12-08-10	An audit of the entire medication cart was conducted by the Director of Resident Care Services and no additional unpackaged pills were found.	
		12-15-10	Upon review of our medication distribution procedures it was determined that the volume of medications handled while passing may lead to accidental dislodging of medications from blister packaging.	
		01-26-11	Director of Resident Care Services will reeducate Medication Assistants on proper handling of medication blister packaging and the monitoring of the medication cart for loose pills created during medication passes during January 2011 departmental meeting.	

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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	At the time of the inspection, there were 6 loose pills (5 white & 1 green) found in the bottom drawer of medication cart located in the home's nursing office.	02-01-11	<i>Continued,</i> Director of Resident Care Services will develop a weekly assignment for night shift medication assistant to thoroughly inspect and deep clean the medication cart. Director of Resident Care has developed a miscellaneous assignment binder which will contain the medication cart cleaning. Director will randomly review the miscellaneous assignment binder for compliance.	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME MAGNOLIAS OF CHAMBERSBURG BUILDING 2, 745 NORLAND AVENUE CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 307690	
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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>		DATE 3-7-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 3/14/11

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	On 11/30/10, an error in resident #3's medication administration occurred involving Morphine Sulfate 15 mg. The error was not reported to the resident's primary physician until 12/02/10.	12-08-10	188b Per instructions from the DPW surveyor no corrective actions were needed at this time due to all notifications and reportable had been completed following notification of the incident to the administrative staff.	3/14/11 EE
		01-13-11	An audit of the medication error log book and Incident log book was conducted by the Director of Resident Care to determine the accuracy and completeness of the notification of all parties required. The audit resulted in no additional failures to notify.	Date Initials (DPW)
		12-01-10	Upon review of the medication error procedure, it was determined that the medication staff failed to follow proper policy & procedures for reporting the medication error to the Director of Resident Care.	
		12-01-10	Director of Resident Care reviewed the policy and procedures for proper reporting with all medication assistants following the incident and prior to DPW survey during monthly staff meeting on December 1, 2010.	

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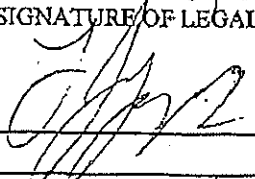
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (Include all dates of the inspection) 12/03/2010		REGIONAL REPRESENTATIVE Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Lloyd Leggett Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The 5/22/10 assesement for resident #4 indicates that the resident is mobile, however the medical evaluation for resident #4, dated 5/20/10, indicates that the resident is immobile. Repeated Violations: 12/17/2009	01-13-11	226a Upon review of resident #4's 05/2210 assessment it was found to be accurate. Director of Resident Care will have physician complete new Medication Evaluation to correct mobility.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/14/11 BE</i> Date Initials (DPW)
		02-17-11	Director of Resident Care is currently auditing all charts to determine if additional charts have mobility discrepancies. Audit to be completed by February 17, 2011.	
		12-15-11	Upon review of our systems it was discovered that prior Directors failed to have proper tickler systems in place and thus creating noncompliance.	
		02-17-11	Health Care Compliance Coordinator will educate Director of Resident Care on how to properly maintain tickler tracking system for mobility assessment needs.	
		01-03-11	Director of Resident Care will maintain monthly audit system to continue to track mobility documentation for both resident Assessment and Medical Evaluation	

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