

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TITHONUS CHAMBERSBURG, LP

To operate MAGNOLIAS OF CHAMBERSBURG - BUILDING-1

Located at 735 NORLAND AVENUE, CHAMBERSBURG, PA 17201

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

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: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26

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: 307670

*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 1  
735 Norland Avenue  
Chambersburg, Pennsylvania 17201

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on December 9, 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

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P. 002

NAME AND ADDRESS OF PERSONAL CARE HOME MAGNOLIAS OF CHAMBERSBURG BUILDING 1, 735 NORLAND AVENUE CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 307670	
INSPECTION DATES (Include all dates of the inspection) 12/09/2010		REGIONAL REPRESENTATIVE Ron Minnich, Tom Roth	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>RODNEY L. HANNAH INTERIM EXECUTIVE DIRECTOR</b>			
SIGNATURE OF LEGAL ENTITY <i>Rodney L. Hannah</i>	DATE 01-27-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 3/11/11

FAX No.

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
25c11 11) A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	The support plans for resident #1 and resident #2 were not attached to their contracts.	01-27-11	25c11 Current Support Plans for resident #1 and #2 were copied and attached to the resident's contract.	3/11/11 BE
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The concrete landing directly outside of the exit door by room #22 drops approximately 2 inches to the sidewalk which creates a step-down with no hand rail.	01-27-11  01-25-11  01-25-10  07-28-11 On Going	The Executive Director and Director of Operations will conduct an audit of all resident contracts of building #1. Contracts without attached support plans will be corrected by adding support plan to the current contract.  Upon review of the Director of Resident Care's current tickler system, it was found that the tickler system in place needed to be monitored by the Executive Director for proper contract compliance.  Director of Resident Care and Executive Director met and discussed the additional implementation of the tickler system for contract compliance.  Executive Director will review and sign the Director of Resident Care's Tickler Binder for all new and updated Support Plans when they are completed. Executive Director will randomly audit resident contracts monthly for compliance of contract requirements.	

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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 1, 735 NORLAND AVENUE CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 307670	
INSPECTION DATES (Include all dates of the inspection) 12/09/2010		REGIONAL REPRESENTATIVE Ron Minnich, Tom Roth	
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 Loggett 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 3/10/11

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
25c11 11) A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	The support plans for resident #1 and resident #2 were not attached to their contracts.	12-10-11	93a Anticipation of violation report, we constructed a handrail on the opposite side of building #1 outside exit door by room #10. See attached. Similar handrail will be constructed as weather permits outside of exit door by room #22.	3/10/11 DE
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The concrete landing directly outside of the exit door by room #22 drops approximately 2 inches to the sidewalk which creates a step-down with no hand rail.	01-31-11  02-25-11	With the addition of handrail outside of room #22, all outside exits will have handrails.  Environmental Service Director and Executive Director will conduct monthly inspections for the continuing upkeep and safety of all outside handrails.	

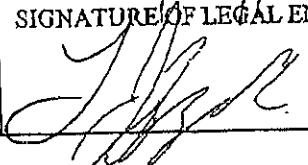
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MAGNOLIAS OF CHAMBERSBURG BUILDING 1, 735 NORLAND AVENUE CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 307670
INSPECTION DATES (include all dates of the inspection) 12/09/2010	REGIONAL REPRESENTATIVE Ron Minnich, Tom Roth	
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 Hager</i> Executive Director		
SIGNATURE OF LEGAL ENTITY 	DATE 3-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Steve Ewert</i>
		DATE 3/11/11

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
144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The home's designated outside smoking area had two chairs with white fabric seat cushions that were not labeled as being fire resistant.	12-09-10	144c1 Environmental Service Director removed all unsafe cushions from smoking area immediately following exit interview with Department of Public Welfare.	3/11/11 DE
		12-09-10	An audit was conducted of all smoking areas. No additional non fire rated cushions were found.	
		12-14-10	Upon review of established environmental rounds audit, it was determined a check of the smoking area furniture should be included to monitor such items for compliance.	
		01-26-11	Executive Director and Environmental Service Director discussed the need for revised audit tool to maintain compliance going forward. Executive Director will discuss the compliance requirements of the smoking area during January 2011 staff meeting.	
		02-25-11	Executive Director and Environmental Service Director will conduct environmental audit monthly for compliance.	

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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 3/11/11

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.	Resident #3's prescribed medication of Haldol .5 mg had a pill missing from the unused blister pack that was stored in the home's medication cart.	12-09-10	183e Upon review of the medication cart system, it was concluded that the medication was accidentally popped out and later destroyed during routine cart cleaning. Following discussion with DPW surveyor it was concluded, that no action was needed for resident #3 missing prescribed medication of Haldol.	Steps have been taken to correct violation; full compliance is not verifiable
		12-09-10	An audit of remaining medication blister packs stored in medication cart was conducted, and no further missing pills were found.	Date <i>3/11/11</i> Initials (DPW) <i>SE</i>
		12-09-10	A review of the medication cart drawer indicated blister packed medications were packed tightly and the need for staff to be more conscious and careful when removing medication blister cards from cart is needed.	
<i>Continued next page</i>				

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INSPECTION DATES (Include all dates of the inspection) 12/09/2010		REGIONAL REPRESENTATIVE Ron Minnich, Tom Koth	
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 <i>[Signature]</i>

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.	Resident #3's prescribed medication of Haldol .5 mg had a pill missing from the unused blister pack that was stored in the home's medication cart.	01-26-11	<i>Continued from p. 3a</i> Director of Resident Care Services will educate Medication Assistant staff of the proper care and storage for medication in the medication cart in January 2011 monthly staff meeting.  Director of Resident care Services will develop a weekly assignment for night shift medication assistant to thoroughly inspect and deep clean medication cart. Director of Resident Care has developed a miscellaneous assignment binder which will contain medication cart cleaning schedule. Executive Director will randomly review the miscellaneous assignment binder for compliance.	Steps have been taken to correct violation; full compliance is not verifiable. <i>3/11/11 [Signature]</i> Date Initials (DPI)

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INSPECTION DATES (Include all dates of the inspection) 12/09/2010		REGIONAL REPRESENTATIVE Ron Mirmich, Tom Roth	
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</i> <i>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 3/11/11

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187d The home shall follow the directions of the prescriber.	Resident #3 has a prescribed medication order for Effexor 150 mg. to be taken once daily for anxiety. The prescription label on the bottle in the medication cart at the time of inspection read, Effexor 75 mg. Med-tech A stated that only one Effexor 75 mg. pill has been administered to the resident since the prescription was last filled on 10/29/10.	12-09-10	187d Director of Resident Care clarified strength of medication with the physician, concluding a medication error was made. A new prescription was obtained from physician and medication was delivered to the facility. Director of Resident Care completed a medication error report and reportable while DPW was on site. Physician and family of the resident were notified at that time.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/11/11 DE</i>
		12-09-10	Resident #3's medical chart was audited for medication accuracy, no additional medication discrepancies found.	Date Initials (DPW)
		12-09-10	In review of the Medication Administration Record it was found that medication staff needed re-educating on Medication Administration Rights. <i>Continued on p. 46</i>	

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231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #2's preadmission screening with cognitive screening was not completed within 72 hours prior to the resident's admission to the home's secured dementia care unit on 6/19/10, but was not completed until 6/22/10.	12-09-10	231c Per discussion with DPW surveyor no action was needed at this time for resident #2's prescreen.	Steps have been taken to correct violation; full compliance is not verifiable 3/11/11 BE Date Initials (DPW)
		07-30-10	Prior to DPW survey, it was noted on facility chart audit conducted by Healthcare Compliance Coordinator, that there were ongoing issues with compliance in the 72hour cognitive prescreening for building #1.	
		07-30-10	Upon review it was determined that vacancy in management positions contributed to untimely completion of prescreen compliance.	
		02-17-11	Healthcare Compliance Coordinator will train new Director of Resident Care Services in proper prescreen compliance. In addition, Regional Director of Operations will instruct the new Executive Director in proper preadmission compliance.	
		01-31-11	Executive Director will audit and sign off on all new admission paperwork for compliance prior to admitting new residents.	

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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 3/10/11

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
233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	The directions for operating the home's locking mechanism are not conspicuously posted near the exit door by room #12 that leads from the home to the courtyard.	12-17-10  12-17-10  12-17-10  02-25-11	233c  Operating code for locking mechanism located near exit door by room #12, was encrypted in posting above faceplate, see attached.  An audit of locking mechanisms for community exit doors was conducted and no further noncompliance was discovered.  Executive Director and Environmental Service Director reviewed the requirement that all locking mechanisms for community exit doors have a conspicuously posted instructions for operating the lock.  Executive Director and Environmental Service Director will conduct monthly environmental rounds of the community and inspect all locking mechanisms for compliance.	3/11/11 BE

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

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
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	Resident #2 was admitted to the home's secured dementia care unit on 6/19/10; the support plan was completed on 6/23/10, more than 72 hours after admission to the home's secured dementia care unit.	12-09-10	234a Per discussion with DPW surveyor no action was needed at this time for resident #2's support plan.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (DPW)
		07-30-10	Prior to DPW survey, it was noted on facility chart audit conducted by Healthcare Compliance Coordinator, that there were ongoing issues with compliance in the support plans for building #1.	
		07-30-10	<del>Upon review it was determined that vacancy in management positions contributed to untimely completion of support plan compliance.</del>	
		02-17-11	Healthcare Compliance Coordinator will train new Director of Resident Care Services in proper support plan compliance. In addition, Regional Director of Operations will instruct the new Executive Director in proper support plan compliance.	
		01-31-11	Executive Director will audit and sign off on all new admission paperwork for compliance regarding newly admitted residents.	

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SIGNATURE OF LEGAL ENTITY <i>Lloyd Leggett</i>	DATE 3-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Ewert</i>	DATE 3/11/11

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251d Separate resident records shall be kept on the premises where the resident lives.	The contracts for resident #1, resident #2, resident #3 & resident #4 were not available in the home but were stored next door in a facility under a separate license.	01-27-11	251d Original contracts and support plans located in Building #2 for resident #1, 2, 3, and 4 will be relocated to Building #1. Contracts will be stored in a locked filing cabinet in Director of Resident Care's office in building #1.	3/11/11 <i>EE</i>
		12-09-10	A review of the existing system reflects that all resident business office files are located in the business office area in building #2. Original Business Office files for Building #1 resident's, which contain contracts and support plans, will be moved and stored in locked file cabinet in the Director of Resident Care's office in building #1.	
		12-09-10	It was brought to the Executive Director's attention by DPW surveyor, that a waiver request could be submitted to enable resident records for both licensed buildings be maintained in a central storage area located in building #2. Executive Director will actively pursue waiver in near future.	

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