

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TITHONUS LANCASTER, LP
LEGAL ENTITY

To operate MAGNOLIAS OF LANCASTER
NAME OF FACILITY OR AGENCY

Located at 1870 ROHRESTOWN ROAD, LANCASTER, PA 17601
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ 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 38
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 38

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 July 20, 2011 until July 20, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 322590

Robert E. Robinson

ISSUING OFFICER

[Signature]

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

AUG 03 2011

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 May 31, 2011 and June 2, 2011 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 be 'R' followed by a long horizontal stroke.

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 Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/1/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>ANNAMARIE REALE EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Annamarie Reale</i>		DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil [Signature]</i>
		DATE 7/14/11	

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	According the home's policy and procedures for reportable incidents and accident reports, prevention of future incidents must be incorporated into the resident's support plan. The home documented an allegation of abuse against resident 5 that occurred on February 22, 2011. The home violated its policy by not updating the resident's support plan dated December 6, 2010, to include prevention of future incidents.	6/2/11 7/15/11	16b Resident #5 no longer resides at Magnollas of Lancaster. 6/2/2011 Executive Director and Interim Director of Resident Care Services will audit Department of Public Welfare Reportable log to determine if additional support plans need updated. Audit to be completed by July 15, 2011. Executive Director in conjunction with the corporate compliance nurse will review and discuss the company policy with regard to updating the residents support plan to include preventive measures with regard to Department of Public Welfare incidents.	Steps have been taken to correct violation; full compliance is not verifiable <i>7/14/11 [Signature]</i> Date Initials (DPW)
		7/25/11	Executive Director will maintain the Department of Public Welfares Log of reportable incident and will review, Initial and date and to verify that all appropriate support plans have been updated to reflect any needed interventions.	

RECEIVED TIME JUL. 13. 6:13PM

JUL/13/2011 WED 05:15 PM

FAX NO.

P. 003

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

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/21/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>ANNAMARIE REALE Annamarie Reale</i>			
SIGNATURE OF LEGAL ENTITY <i>Annamarie Reale</i>	DATE 7/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 7/18/11

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	The home documented that staff person A, on September 30, 2010, was heard speaking, "sharply and loudly" to a resident, not treating the resident with dignity and respect, while providing direct care services. The home has not submitted a reportable incident to the Department to report this allegation of resident abuse.	3/2/11	<p align="center"><i>Conf</i></p> <p>16c Communication techniques and approach to care for Residents with dementia is monitored daily. Training is likewise, dynamic according to need, and will continue as such.</p> <p>On March 2nd and 3rd, 2011, the Executive director and/or Director Resident Care Services conducted an in-service with all staff members to discuss Resident Rights, 2600.201, Safe Management Techniques and Resident Abuse Reporting and the requirement of immediately reporting suspected abuse to a supervisor.</p> <p><i>The requirement to submit reportable incidents to the Dept. was reviewed and will be followed. 03/18/11</i></p>	

P. 003

FAX No.

JUL/18/2011/MON 03:13 PM

RECEIVED TIME JUL. 18. 4:11PM

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

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RECEIVED TIME JUL. 13. 6:13PM

JUL/13/2011/WED 05:15 PM

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Robrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/2/11		REGIONAL REPRESENTATIVE McKinley-Rouse, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>ANNAMARIE REALS EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Annmarie Reals</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cy B. Boring</i>	DATE 7/14/11

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
42c A resident shall be treated with dignity and respect.	The home documented that direct care staff person A was observed on September 30, 2010 as having spoken, "sharply and loudly" to a resident and treating the resident in a disrespectful manner.	10/1/10 10/14/10	42c A review of the Older Adults Protective Services Act 169 and Act 13 was reviews by the Vice President of Operations for Integra Care for definitional issues relating to the reporting of verbal abuse, as she was the Administrator of Record during the incident. The staff member was overheard as "imploring" the Resident for cooperation during care, not threatening or intimidating. Our history of reporting "suspected abuse" and "abuse" has been consistent with what is required by the law and remains unchanged. We corrected the employee because she was not using the training techniques which she had been taught to use. The employee reprimand (identified by the surveyors during survey review) was punitive, and her subsequent 7 hours of (repeat) Dementia training are well documented.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>7/14/11</u> Initials <u>CB</u> (DPW)

FAX No.

P. 007

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

RECEIVED TIME JUL 13 6:13PM

JUL/13/2011 WED 05:15 PM

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601	CURRENT LICENSE NUMBER 322590
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INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/2/11	REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Stephanie Lella</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B. Borge</i>	DATE 7/14/11
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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
42c A resident shall be treated with dignity and respect.	The home documented that direct care staff person A was observed on September 30, 2010 as having spoken, "sharply and loudly" to a resident and treating the resident in a disrespectful manner.	3/2/11	Communication techniques and approach to care for Residents with dementia is monitored daily. Training is likewise, dynamic according to need, and will continue as such.	<i>Cont'd</i>

FAX No.

P. 008

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

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011 6/14		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Ann Marie Ferle</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bandy</i>	DATE 7/14/11

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 person B, date of hire March 21, 2011, did not complete the required online training prior to providing unsupervised ADLs.	6/1/11 7/25/11 7/13/11	65d Direct care staff B completed the Department's on-line direct care training course and competency test on 06-01-11. An audit of all employee files was conducted to determine compliance with the required Direct Care Training. No additional files were found to need the competency test. A review of the practices of competency test, staff member B orientation lacked the competency test this was an oversight of the Executive Director and Business Office Manager. 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.	Steps have been taken to correct violation; full compliance is not verifiable. 7/14/11 Date Initials (DPW)

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JUL/13/2011/WED 05:16 PM

FAX No.

P. 009

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

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/2/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Ann Marie Pease</i>	DATE 7-13-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Brubaker</i>	DATE 7/14/11

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 impairment, 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		8/1/11	65d 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.	<i>Contd</i>

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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 Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/21/2011, 6/2/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Annamarie Preece</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>	DATE 7/14/11

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
assessment and support plan. (vi) 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.				<i>Compl</i>

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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 Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 06/11/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Annmarie Perce</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boney</i>	DATE 7/14/11

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
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				<i>Cont'd</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/2/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Annmarie Renee</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE 7/18/11

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
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's staff schedule indicated that there are normally 3 staff persons scheduled for the overnight shift. The fire drill conducted on November 11, 2010 at 5:40AM had 5 staff persons participating in the drill. The fire drill conducted on May 11, 2011, at 5:25AM had 4 staff participating in the drill.	6/27/11 6/27/11 6/24/11	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 and the Environmental Services Director to identify and document mobility needs specifically for evacuation (on-going), and evacuation times will be adhered to for all staffing patterns. The Environmental Services Director and the Executive Director will hold educational in-services with the night shift to help achieve appropriate time.	Steps have been taken to correct violation; full compliance is not verifiable. Date <u>7/18/11</u> Initials (DPV) <u>CS</u>

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FAX No.

P. 013

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

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/2/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Dyanmarie Reese</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cy B. Boring</i>	DATE 7/18/11

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																																																																	
	<table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/25/2011</td><td>01:21 PM</td><td>5min 15sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/23/2011</td><td>02:15 PM</td><td>6min</td><td>No</td></tr> <tr><td>Mar</td><td>03/28/2011</td><td>03:32 PM</td><td>5min 25sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/27/2011</td><td>11:34 PM</td><td>6min 18sec</td><td>No</td></tr> <tr><td>May</td><td>05/11/2011</td><td>05:25 AM</td><td>6min 57sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/23/2011</td><td>02:14 PM</td><td>4min 38sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/20/2010</td><td>08:00 PM</td><td>5min 20sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/30/2010</td><td>02:33 PM</td><td>6min 17sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/24/2010</td><td>08:04 PM</td><td>6min 6sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/26/2010</td><td>11:15 AM</td><td>5min 35sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/11/2010</td><td>05:40 AM</td><td>5min 56sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/01/2010</td><td>09:40 AM</td><td>6min 1sec</td><td>Yes</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/25/2011	01:21 PM	5min 15sec	No	Feb	02/23/2011	02:15 PM	6min	No	Mar	03/28/2011	03:32 PM	5min 25sec	No	Apr	04/27/2011	11:34 PM	6min 18sec	No	May	05/11/2011	05:25 AM	6min 57sec	No	Jun	06/23/2011	02:14 PM	4min 38sec	No	Jul	07/20/2010	08:00 PM	5min 20sec	No	Aug	08/30/2010	02:33 PM	6min 17sec	No	Sep	09/24/2010	08:04 PM	6min 6sec	No	Oct	10/26/2010	11:15 AM	5min 35sec	No	Nov	11/11/2010	05:40 AM	5min 56sec	No	Dec	12/01/2010	09:40 AM	6min 1sec	Yes		<p><i>Per Administrator: Additional sleeping hours drills have been held with staffing levels as they normally are. Education and training is being provided to both staff and residents to be able to evacuate efficiently and timely. Future drills will not be held with additional staff present not normally present for that shift.</i></p> <p align="right"><i>CB 7/18/11</i></p>	
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Jan	01/25/2011	01:21 PM	5min 15sec	No																																																																	
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Jun	06/23/2011	02:14 PM	4min 38sec	No																																																																	
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Oct	10/26/2010	11:15 AM	5min 35sec	No																																																																	
Nov	11/11/2010	05:40 AM	5min 56sec	No																																																																	
Dec	12/01/2010	09:40 AM	6min 1sec	Yes																																																																	

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JUL/13/2011 WED 05:16 PM

FAX No.

P. 014

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

NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/2/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Annmarie Perle</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 7/14/11

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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	The home did not immediately notify the prescriber of a missed dose of Zyprexa 10 mg and Risperdone 1mg for resident 3 on March 29, 2011, at 8:00PM.	7/12/11	188b Resident 3's Medication Administration Record in addition to the missed dosages of Zyprexa and Risperdone were reviewed with resident 3's physician.	Steps have been taken to correct violation; full compliance is not verified. 7/14/11 <i>CB</i> Date Initials (DP)
		7/15/11	Upon review of the medication error log book policy, it was determined that the medication error log book was not in place. Staff failed to follow policy and procedure for reporting the medication error to the prescriber. The Director of Resident Care Services will review the policy and procedure for reporting with all Medication Assistants on 7/22/11.	
		7/8/11	The Director of Resident Care Services will continue to monitor medication error reports in the incident binder per incident to verify procedures and notifications were followed. Executive Director will monitor binders monthly and will monitor the Medication Error Binder daily through 9/2/11 then monthly thereafter.	

SEE ATTACHMENT

RECEIVED TIME JUL. 13. 6:13PM

JUL/13/2011 WED 05:17 PM

FAX No.

P. 017

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/2/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Janamaria Peale</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 7/14/11

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
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.	The original medication training for staff person A, date of hire August 10, 2009, was completed on May 1, 2010. The practicum observation for staff person A, completed on May 1, 2011, was performed by staff person C, who did not complete the department approved train the trainer course. Repeated Violations: 04/27/2011	5/25/11	190a Staff member C's credentials could not be located at the time of survey. Staff member C has completed the DPW Train the Trainer course as of May 25, 2011. Staff member C will be responsible for training all staff for the position of Medication assistant going forward.	
		7/25/11	The Compliance Nurse will audit the Medication Assistants training binder monthly for review and recording of timely dates on the following documents: Certification, Examination and Record of Observation.	
		8/1/11	The Regional Nurse and or Compliance Nurse will also conduct random audits of the Medication Assistant documentation to confirm and verify that all trainings are timely and that they have been reviewed by the Director of Resident Care Services.	

Steps have been taken to correct violation; full compliance is not verifiable
7/14/11
Date Initials (DPW)

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NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/2/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Annmarie Seal</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Amberg</i>	DATE 7/14/11

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
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.	The original medication training for staff person A, date of hire August 10, 2009, was completed on May 1, 2010. The practicum observation for staff person A, completed on May 1, 2011, was performed by staff person C, who did not complete the department approved train the trainer course. Repeated Violations: 04/27/2011	7/29/11	190a The Director of Resident Care Services will continue to monitor the Medication Training binder and documentation. The Executive Director will monitor the binder monthly and will initial and date. Staff member A will not pass medications until observed by staff member C.	<i>Cybil</i>

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NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/12/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Annmarie Leach</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Amber</i>	DATE 7/14/11

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.
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident 1's Vasolex ointment was not initialed as being administered on April 11, 2011 at 8:00PM. Repeated Violations: 04/27/2010	7/12/11 7/22/11 7/25/11 7/22/11	187a Resident 1's Medication Administration Record was reviewed from 4/11/11 through 7/12/11. No further incidents of missing initials by staff were noted. Compliance Nurse will audit all of the residents Medication Administration Records for the month of May through July to review that all medications have been administered as per the prescribers' directions. The audit will be complete by 7/25/11 any additional unsigned Medication Demonstration Records will be addressed and documented as per company policy. The compliance nurse will review policy and procedure for Medication Administration Record documentation with all medication assistants on 7/22/11.	Steps have been taken to correct violation; full compliance is not verifiable 7/14/11 Date Initials (DPW)

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NAME AND ADDRESS OF PERSONAL CARE HOME Magnolias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/12/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Annamarie Rose</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 7/14/11

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident 1's Vasolex ointment was not initialed as being administered on April 11, 2011 at 8:00PM. Repeated Violations: 04/27/2010	7/29/11	187a The Director of Resident Care will audit the Medication Administration Record to verify policy documentation is being followed. The Executive Director will monitor the Medication Administration Records daily until 9/7/11 and then monthly thereafter. <i>Staff persons who are identified as not following medication policies and documenting medication administration properly will be re-educated. 7/14/11</i>	Steps have been taken to correct violation; full compliance is not verifiable 7/14/11 <i>VB</i> Date Initials (DPW)

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INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/2/11		REGIONAL REPRESENTATIVE McKinley Rouse, Serena 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 <i>Annmarie Peale</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 7/14/11

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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				<i>Cont'd</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Magnofias of Lancaster, 1870 Rohrerstown Road Lancaster, PA 17601		CURRENT LICENSE NUMBER 322590	
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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 <i>Ann Marie Peale</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 7/14/11

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
187d The home shall follow the directions of the prescriber.	Resident 2 missed 6 doses of prescribed Cephalexin 500 mg from April 23, 2011, to April 25, 2011. Repeated Violations: 04/27/2010	7/15/11	187d Resident 2's Medication Administration Record in addition to the missed doses of Cephalexin were reviewed with resident 2's physician.	Steps have been taken to correct violation; full compliance is not verifiable 7/14/11 <i>CB</i> Date Initials (DPW)
		7/08/11	Upon review of the medication error procedure, it was determined that the medication error log book was not in place. Staff failed to follow proper policy & procedures for reporting the medication error to the prescriber.	
		7/22/11	Compliance Nurse will review the policy and procedures for proper reporting with all medication assistants on July 22, 2011.	
		7/29/11	The Director of Resident Care Services will continue to monitor the medication error binder per incident to verify policy and procedures were followed. The Executive Director will monitor The Medication Administration Record daily until 9/7/2011 and monthly thereafter.	

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