



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 13, 2011

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 June 16, 2011 of the above personal care home, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report was 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Cybil Bomberger".

Cybil Bomberger
Regional Licensing Director

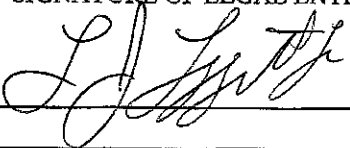
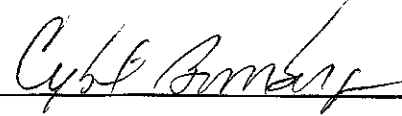
Enclosure
Violation Report

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) 06/16/2011		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) <p style="text-align: center; font-size: 1.2em;">Lloyd Leggett, Executive Director</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 7/6/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/13/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Direct care staff person A physically abused resident #1 by pinching, hitting and kicking the resident on June 10, 2011. <p style="text-align: center; font-size: 0.8em;">PCH Division Central Region Field Office</p> <p style="text-align: center; font-size: 1.2em; margin-top: 20px;">JUL 12 2011</p> <p style="text-align: center; font-size: 1.5em; margin-top: 10px;">RECEIVED</p>	June 13, 2011	42b On June 13, 2011, the Executive Director received a report of suspected abuse concerning resident # 1. The Executive Director conducted a thorough investigation into the allegation. The Department of Public Welfare, Area on Aging and the resident's family were notified of the incident. The suspected employee was suspended pending the investigation. The investigation revealed that the allegation of pinching, hitting, and kicking of resident #1 was substantiated. Staff person A was terminated.	Steps have been taken to correct violation; full compliance is not verifiable <p style="text-align: right; font-size: 0.8em;">Date <u>7/13/11</u> Initials <u>CB</u> (DPW)</p>

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