



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: 11/27/12

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 (Department) licensing inspection on August 3, 2012 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Neil S. Cody".

Neil S. Cody
Regional Licensing Director

Enclosure
Violation Report

Violation Report: 30767 - 08/03/2012 - Hoover, Douglas
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.16(c) - 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 section 2600.15 (relating to abuse reporting covered by law).

2. DESCRIPTION OF VIOLATION

On 7/20/12, the home found a discrepancy between number recorded on the narcotic count sheet and the number of *Oxycontin, 10 mg. tablets* for Resident #1. The prescription medication error was not reported to the Department until 7/24/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

16c

Executive Director has reviewed all incidents occurring since the self reported incident of 07/20/2012, and has determined that all incidents appropriate to report have been submitted to the department. 10/02/2012

All future resident incidents will be reviewed by the Director of Resident Care Services and the Executive Director as they occur to determine appropriateness for reporting. Daily weekday leadership meeting will serve as further opportunity to review any new incidents and review status of previous reports. All reportable incidents will be reported in a timely manner per the regulatory requirement by the Director of Resident Care Services and the Executive Director. 10/02/2012

Residence team members will be inserviced on DPW's requirement and facility requirements for reporting resident incidents and abuse reporting at the staff meeting on 10/17/2012. 10/17/2012

Executive Director will monitor the residence for further potential incidents that require timely reporting and review and submit as appropriate. 10/02/2012

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/20/2011
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Signature of Legal Entity Representative (Required on EVERY Page)  LNHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole M. Banzhoff, LNHA Exec Director Date 10/02/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/26/12 (Date)

Verification of Legal Entity Representative Signature 11/26/12 (Date)

The above plan of correction was approved by NSC (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 30767 - 08/03/2012 - Hoover, Douglas
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2. DESCRIPTION OF VIOLATION

The home reported missing **Oxycontin, 10 mg. tablets** for Resident #1 on 7/24/12. On 8/3/12, the home could not determine whether medications were missing or if there was an error on the narcotic count sheet. Despite receiving a report from the pharmacy on 7/29/12 on the total number of **Oxycontin tablets** received for Resident #1, the home did not do an audit of the medication cart and the narcotic count sheets as of 8/3/12. The home's policy "COSM: Community Operating Standards Manual for Narcotics and Controlled Substances" states "Each medication will have a separate Control Sheet. If the medication is delivered by the pharmacy of record, the Control Sheet will accompany the delivery." The home could not account for the narcotic count sheets, control sheets or the amount of missing medication and did not implement procedures for the security, distribution and use of medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

185a

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Facility investigation was completed in its entirety identifying a clerical error was made in replicate generation of a narcotic sheet; no medication diversion occurred. Final report was submitted to DPW. | 09/05/2012 | Staff will be further inserviced regarding location of protocol information for reference and random MAR and medication checks on 10/17/2012. | 10/17/2012 |
| A full audit of the medication cart was conducted (please see attachment #1). Narcotic count forms are in use from the pharmacy (please see attachment #2), and a Magnolias narcotic count reconciliation form is in use for medications arrivals outside of Spartan pharmacy (please see attachment #3). | 10/02/2012 | Random MAR and medication checks will be completed weekly (please see attachment #7). | 10/02/2012 |
| A handling, storage, dispensing and disposal of controlled substances protocol (please see attachment #4) is in place for staff use and drug disposition and disposal protocol (please see attachment #5) | 10/02/2012 | All identified medication errors will be investigated and reported in a timely manner by the Director of Resident Care, Executive Director or designee. | 10/02/2012 |
| Staff have been inserviced on proper handling, storage, dispensing and disposal of controlled substances (please see attachment #6). | 09/11/2012 | | |

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole M. Banzhoff, LNHA Exec Director Date 10/02/12

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The above plan of correction was approved by <u>NSC</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 30767 - 08/03/2012 - Hoover, Douglas
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2. DESCRIPTION OF VIOLATION

The medication administration record (MAR) for Resident #1 was not initialed for the 8:00 AM administration of *Oxycontin, 10 mg. tablet* on 8/2/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

187a

Staff member responsible for missing initials on the MAR for Resident #1, will be counseled and further inserviced regarding five rights of medication.	10/08/2012	Random MAR and medication checks will be completed weekly (please see attachment #7).	10/02/2012
Staff have been inserviced on proper handling, storage, dispensing and disposal of controlled substances (please see attachment #6).	09/11/2012	Director of Resident Care or designee will audit the MAR daily utilizing the MAR and medication check audit tool (please see attachment #7). Identified concerns will be investigated and reported.	10/02/2012
All resident MARs will be reviewed for appropriate medication administration and documentation at the end of each shift by the responsible Medication Assistant and the oncoming shift Medication Assistant.	10/02/2012	Director of Resident Care Services will notify all medication assistants in a timely manner of any identified trends in the MAR documentation for education.	Ongoing

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/20/2011

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole M. Banzhoff LNHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Nicole M. Banzhoff LNHA Executive Director

Date

10/02/12

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