

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 \_\_\_\_\_ 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 29, 2012 until March 29, 2013,  
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.



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

ADULT RESIDENTIAL LICENSING

APR 20 2012

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  
745 Norland Avenue  
Chambersburg, Pennsylvania 17201

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on December 19, 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.

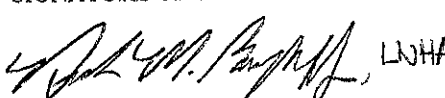
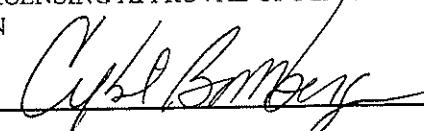
Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

Ronald Melusky  
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) 12/19/2011		REGIONAL REPRESENTATIVE Jaime Erb, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>Nicole M. Banzhoff, LNHA Executive Director</b>			
SIGNATURE OF LEGAL ENTITY  LNHA	DATE 03-06-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/9/12

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for Resident #1 was not signed by the resident.	03/02/12	25b Signature of resident on updated contract could not be completed as resident is no longer in residence at Building #2.	
		03/02/12	Executive Director will conduct an audit of all resident contracts for building #2. Contracts without appropriate resident signature will be corrected.	
		03/04/12	Director of Sales and Marketing and the Business Office Manager will be inserviced regarding the requirements of 25b as a regulation.	
		Ongoing	Executive Director will audit all new resident contracts as they are executed for compliance with regulation 25b for contract requirements.	
Steps have been taken to correct violation; full compliance is not verifiable				
Date <u>4/9/12</u> Initials (DPW) <u>DS</u>				

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



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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	On 12/18/11, from 10:00PM to 6:30AM, 13 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.	03/02/12	63a Team member on duty 12/18/11 during the 10:00PM to 6:30AM shift is scheduled to attend the next facility first aid, obstructed airway techniques and CPR training.	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">4/9/12 </p> <p style="text-align: center;">Date Initials (DPW)</p>
		03/02/12	Executive Director will audit current staff member training records to identify any remaining team members in need of first aid, obstructed airway techniques and CPR training. Team members in need of certification will be scheduled for next training.	
		03/02/12	Any team member without appropriate certification will be scheduled to work only in tandem with another team member with this training until such time as they are trained.	
		03/02/12	Business Office Manager in conjunction with Activities Director will be responsible for scheduling first aid, obstructed airway techniques and CPR facility training.	

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141b1 A resident shall have a medical evaluation: (1) At least annually.	The annual medical evaluation for Resident #2 dated 4/13/11 was not completed timely as their previous medical evaluation was completed on 2/2/2010.	02/24/12  02/24/12  02/24/12  Ongoing	141b1  Resident #2 medical evaluation record was reviewed for current compliance status.  Executive Director or designee will review remaining resident medical evaluations in Building #2 for timely completion and update as appropriate.  Director of Resident Care Services will develop a tickler system to track upcoming residents due for medical evaluation and to complete them in a timely manner.  Executive Director will monitor developed tickler system for upcoming resident medical evaluations and collaborate with Director of Resident Care Services to complete evaluations in a timely manner.	

**Steps have been taken to correct violation; full compliance is not verifiable**

Date 4/9/12 Initials (DPW) DPW

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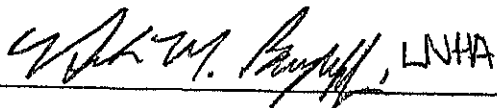

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190c A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.	The home's annual medication administration training record for Staff person B does not include the name of the trainer, the date and the documentation of successful completion of the training.	02/20/12	190c The annual medication training record for staff person B has been updated to include the name of the trainer, the date completed and the documentation to support successful completion of the training.	4/9/12
		02/21/12	The Executive Director will audit the current medication training records. Incomplete records will be updated and/or training completed for any team members not meeting the standard.	
		02/21/12	Upon completion of medication training, Director of Resident Care & Executive Director will review training records for appropriate completion.	
		Ongoing	Corporate Health Care Compliance Coordinator will randomly audit training records binder for completion.	



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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.			<u>Cont'd</u>	

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #1 was admitted to the home on 1/3/2011. The home did not develop a support plan for the Resident until 2/22/11.	03/02/12  03/05/12  03/05/12  Ongoing	227a Resident #1 is no longer in residence at Building #2.  Executive Director or designee will review remaining resident support plans in Building #2 for timely completion and update as appropriate.  Director of Resident Care Services will develop a tickler system to track upcoming residents due for support plan update and for timely completion.  Executive Director will monitor tickler system monthly for upcoming resident support plans and collaborate with Director of Resident Care Services to complete the plans in a timely manner.	

Steps have been taken to correct violation; full compliance is not verifiable

4/9/12


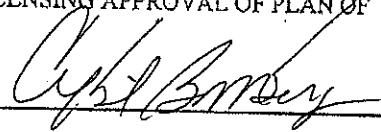
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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	An assessment was completed for Resident #2 on 2/18/11. The Resident's support plan was not revised until 4/11/11.	03/02/12	227c Executive Director or designee reviewed Resident #2 support plan for timely update and completion.	<p style="text-align: center; font-weight: bold; font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center; font-size: 0.8em;">4/9/12 </p> <hr style="width: 100%;"/> <p style="text-align: center; font-size: 0.8em;">Date Initials (DPW)</p>
		03/02/12	Executive Director or designee will review remaining resident support plans in Building #2 for timely completion and update as appropriate.	
		03/02/12	Director of Resident Care Services will develop a tickler system to track upcoming residents due for support plan update and for timely completion.	
		Ongoing	Executive Director will monitor tickler system monthly for upcoming resident support plans and collaborate with Director of Resident Care Services to complete the plans in a timely manner.	

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The assessment for Resident #2 indicates the resident has a need for blood pressure monitoring, special skin care precautions and diabetes care. The resident's support plan does not document how these needs will be met.	03/05/12	227d Resident #2 support plan was updated by the corporate Health Care Compliance Coordinator to reflect current services being provided to meet resident needs.	
		03/05/12	Executive Director or designee will audit remainder of Building #2 resident population to confirm support plan denotes how each resident needs are being met.	
		Ongoing	Team members will be responsible for communicating to the Director of Resident Care Services any changes required within the support plan.	
		Ongoing	Director of Resident Care Services will be responsible for monitoring on a daily basis that all resident support plans meet the needs of the resident.	
		Ongoing	Executive Director will be responsible for randomly auditing support plans for compliance in meeting each resident's needs.	

We have been taken to correct violation; full compliance is not verifiable  
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