

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

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.

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

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: 307670

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.



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 1
735 Norland Avenue
Chambersburg, Pennsylvania 17201

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on December 20, 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 read "Ronald Melusky".

Ronald Melusky
Director

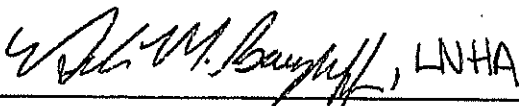
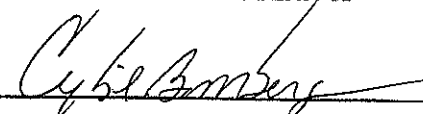
Enclosures
License
Violation Report


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

NAME AND ADDRESS OF PERSONAL CARE HOME MAGNOLIAS OF CHAMBERSBURG BUILDING 1, 735 NORLAND AVENUE CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 307670	
INSPECTION DATES (Include all dates of the inspection) 12/20/2011		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) <i>Nicole M. Banzhoff, LNHA Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Nicole M. Banzhoff, LNHA</i>	DATE 03-06-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Banzhoff</i>	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
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 progress notes in Resident #8's record indicated an incident on 11/26/11 at 10:00PM, where Resident #8 was found in their room on the floor in front of his/her chair. Resident #1 was assisted by two staff and guided to the bathroom. While sitting on the toilet, the Resident leaned over and hit his/her head off the wall. The Resident obtained a large bump on the head and cut on the left side of their face and was sent to the emergency room and admitted to the hospital. Resident #8 died at the hospital on 12/4/11. The home has not submitted an incident report to the Department.	02/20/12 02/20/12 Ongoing 02/29/12 Ongoing	16c The resident no longer resides at the facility. Executive Director has reviewed all incidents occurring since the facility licensure survey and has determined that all incidents appropriate to report have been submitted to the department. 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. 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. Residence team members will be inserviced on DPW's requirement and facility requirements for reporting resident incidents and abuse reporting. Executive Director will monitor the residence for further potential incidents that require timely reporting and review and submit as appropriate.	Steps have been taken to correct violation; full compliance is not verifiable <i>4/9/12</i> Date <i>CB</i> Initials (DPW)

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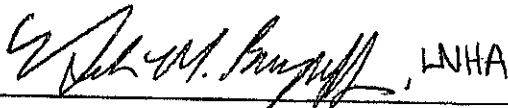
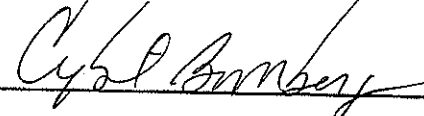
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25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts for Residents #1, #2, #3, #4 and #5 were not signed by the Resident.	03/05/12 03/05/12 03/05/12 Ongoing	25b The current contracts for residents #1, #2, #3, #4 and #5 have been updated to reflect signature of the resident. Executive Director will conduct an audit of all resident contracts for building #1. Contracts without appropriate resident signature will be corrected. Director of Sales and Marketing and the Business Office Manager will be Inserviced regarding the requirements of 25b as a regulation. Executive Director will audit all new resident contracts on a monthly basis for compliance with regulation 25b for contract requirements.	Steps have been taken to correct violation; full compliance is not verifiable <u>4/9/12</u>  Date Initials (DPW)


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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.	
		03/02/12	A tickler file will be developed and maintained for compliance purposes.	

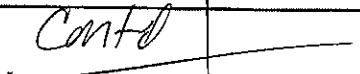
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Staff person A administered medications to Resident #6 and Resident #7 on 12/18 at 8:00PM; however the medication administration record is missing Staff person A's initials for the administration of the medication.	03/05/12 03/05/12 03/05/12 Ongoing Ongoing	187a Staff person A was counseled regarding the missing initials on the MAR for Resident #6 and #7. All Medication Assistants will be inserviced on proper medication procedures, documentation and the importance of following the direction of the prescriber. 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. Director of Resident Care Services or designee will be responsible for reviewing the resident MARs daily for compliance. Director of Resident Care Services will notify all Medication Assistants in a timely manner of any identified trends in the MAR documentation for education and documentation.	Steps have been taken to correct violation; full compliance is not verifiable <u>4/9/12</u>  Date Initials (DPW)

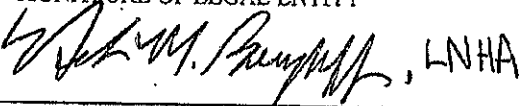
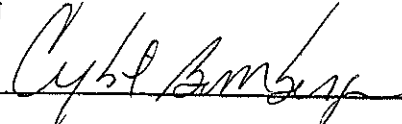
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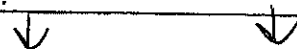
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	There is no preadmission screening form for Resident #2.	03/02/12	224a Resident #2 was moved to Building #1, Memory Care from Building #2, Senior Living after an elopement incident. By review of the resident information, a pre-admission screening was not done in advance of the immediate transfer from Building #2.	Steps have been taken to correct violation; full compliance is not verifiable <u>4/9/12</u> Date Initials (DPW)
		03/02/12	A review of all remaining resident charts in Building #1 will be completed by the Executive Director or designee to confirm requisite documentation is in place and that communication occurs to all staff regarding care concerns in a timely manner.	
		Ongoing	All new residents will have a pre-admission screen completed within 30 days prior to admission.	
		03/05/12	The Director of Resident Care Services and the Director of Sales and Marketing will monitor all initial paperwork for completion prior to resident move in.	



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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	There is no preadmission screening form for Resident #2.	Ongoing	Executive Director will audit all new resident admissions for compliance with preadmission screening requirements. Identified findings and plan for corrective measures will be shared with Admissions team consisting of the Director of Sales and Marketing, the Business Office Manager and the Director of Resident Care Services.	

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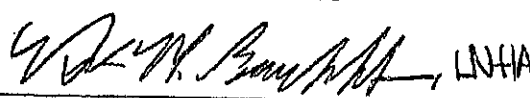
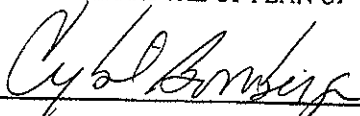
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231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	Resident #2, admitted to the SDCU on 1/14/11, did not have a medical evaluation.	03/02/12	231b Resident #2 was moved to Building #1, Memory Care from Building #2, Senior Living after an elopement incident. By review of the resident information, a medical evaluation was not completed prior to the immediate transfer from Building #2.	
		03/05/12	A current medical evaluation was completed for resident#2.	
		03/05/12	The Executive Director or designee will conduct an audit of all remaining resident charts in Building #1. Medical evaluations will be updated and completed if appropriate.	
		Ongoing	All new residents will have a medical evaluation completed within 60 days prior to admission per regulation 231b to include the resident's diagnosis of Alzheimer's disease or other Dementia and the need for the resident to be served in a secured dementia unit.	
Steps have been taken to correct violation; full compliance is not verifiable				
				Date <u>4/9/12</u> Initials (DPW) <u>CB</u>

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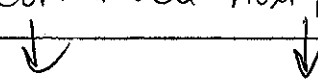
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		Ongoing	Executive Director will audit all new resident admissions for compliance with medical evaluation requirements prior to admission. Identified findings and plan for corrective measures will be shared with Admissions team consisting of the Director of Sales and Marketing, the Business Office Manager and the Director of Resident Care Services.	

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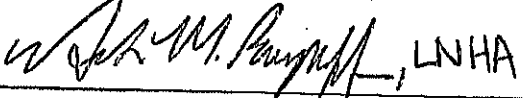

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231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #2 was admitted to the SDCU on 1/14/11. The Resident did not have a preadmission screening completed in collaboration with a physician or geriatric assessment team. Repeated Violations: 12/09/2010	03/02/12 03/05/12 03/05/12	231c Resident #2 was moved to Building #1, Memory Care from Building #2, Senior Living after an elopement incident. By review of the resident information, a preadmission screening completed in collaboration with a physician or geriatric assessment team was not executed prior to the immediate transfer from Building #2 for resident's safety. A pre-admission screening was completed for Resident #2. Executive Director or designee will audit Building #1 resident charts for the appropriate written cognitive preadmission screening form and provide corrective measure as identified.	Steps have been taken to correct violation; full compliance is not verifiable <i>4/9/12</i> Date Initials (DPW) <i>CB</i>
<i>Continued - next page</i>				



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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) <p style="text-align: center; font-size: 1.2em;">Nicole M. Banzhoff, LNHA Executive Director</p>			
SIGNATURE OF LEGAL ENTITY LNHA		DATE 03-06-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION

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
231e Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.	<p>Resident #1 was admitted to the SDCU on 8/11/11. The home has no documentation that the resident has not objected to the admission.</p> <p>Resident #2 was admitted to the SDCU on 1/14/11. The home has no documentation that the resident has not objected to the admission.</p> <p>Resident #4 was admitted to the SDCU on 7/11/11. The home has no documentation that the resident has not objected to the admission.</p> <p>Resident #5 was admitted to the SDCU on 5/5/11. The home has no documentation that the resident has not objected to the admission.</p> <p style="font-size: 1.5em; text-align: center;">Violation Withdrawn Chamber 4/9/12</p>	02/23/12	231e Magnolias of Chambersburg resident agreement appropriately reflects information required for regulation 231e. Signature is required for this resident agreement that denotes resident and resident's designated person does not object to resident admission or transfer to a secured dementia unit. Per phone conversation on 02/23/12 with Neil Cody, Regional Licensing Administrator, this violation has been removed.	

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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	
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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) Nicole M. Banzhoff, LNHA Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Nicole M. Banzhoff, LNHA</i>	DATE 03-06-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Banzhoff</i>	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
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 SDCU on 1/14/11. A 30-day support plan was completed on 1/20/11; however the home did not complete a 72-hour support plan. Repeated Violations: 12/09/2010	03/02/12	234a Resident #2 was moved to Building #1, Memory Care from Building #2, Senior Living after an elopement incident. By review of the resident information, a 72-hour support plan was not executed prior to the immediate transfer from Building #2 for resident's safety.	Steps have been taken to correct violation; full compliance is not verifiable. <i>4/9/12</i> Date Initials (DPW)
		03/05/12	Executive Director or designee will audit Building #1 resident charts for the appropriate written support plan and provide corrective measure as identified.	
		Ongoing	All new residents will have a written support plan within 72 hours of admission implemented and documented in the resident record.	
		Ongoing	The Director of Resident Care Services will review all new admission charts within 48 hours of admission for initiated documentation and again at 72 hours for completed documentation.	



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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) <p style="text-align: center; font-size: 1.2em;">Nicole M. Banzhoff LNHA Executive Director</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 03-05-2012	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
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 SDCU on 1/14/11. A 30-day support plan was completed on 1/20/11; however the home did not complete a 72-hour support plan. Repeated Violations: 12/09/2010	Ongoing	Executive Director will randomly audit all new resident admission charts on a monthly basis for compliance with support plan requirements. Identified findings and plan for corrective measures will be shared with Director of Resident Care Services and residence team members.	

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

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SIGNATURE OF LEGAL ENTITY <i>Nicole M. Banzhoff, LNHA</i>	DATE 03-06-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberger</i>	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
234b The support plan shall identify the resident's physical, medical, social, cognitive and safety needs.	A progress note, dated 8/15/11, for Resident #2 indicates that the "Resident is now incontinent and does not properly care for self." The support plan for Resident #2 does not address these needs.	03/05/12	234b The Director of Resident Care Services will review Resident #2 chart and update support plan.	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>4/9/12</i> <i>DPW</i></p> <hr style="width: 100%;"/> <p style="text-align: center;">Date Initials (DPW)</p>
		03/05/12	All resident support plans for Building #1 will be reviewed by the Director of Resident Care Services and the Executive Director. Support plans will be updated as required for resident's physical, medical, social, cognitive and safety needs.	
		Ongoing	Director of Resident Care Services will review progress notes weekly for identified changes in resident needs.	
		Ongoing	Resident support plans will be updated to reflect new needs.	
		Ongoing	Executive Director will review a random sampling of Building #1 resident support plans on a monthly basis for appropriate identification of resident needs within the support plan and the mechanism for delivering resident care.	