



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

ADULT RESIDENTIAL LICENSING  
Central Region Field Office  
555 Walnut Street, 6<sup>th</sup> Floor  
Harrisburg, Pennsylvania 17101

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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 29, 2012**

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 January 18, 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 Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME MAGNOLIAS OF LANCASTER, 1870 ROHRESTOWN ROAD LANCASTER, PA 17601		CURRENT LICENSE NUMBER 322590	
INSPECTION DATES (Include all dates of the inspection) 01/18/2012		REGIONAL REPRESENTATIVE Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Megan J. Campbell VPO/Integracare, Interim Executive Director/Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Megan J. Campbell</i>	DATE <i>2/20/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ench</i>	DATE <i>2-29-12</i>

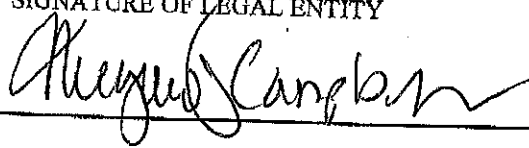
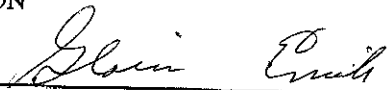
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 1/8/12, an allegation of resident abuse was reported to the facility. The facility did not report the suspected abuse to the local area agency on aging until 1/14/12.  PCH Division Central Region Field Office  FEB 21 2012  RECEIVED	1.18.12  1.18.12 and 2.29.12	The requirement and standard for reporting suspected abuse is the subject of training during (initial) General Orientation for new staff and routine training of long-term staff. Our policy was updated in July 2011 specifying to whom incidents of suspected abuse are to be reported. They are to be reported to the Administrator, <u>directly</u> , regardless of the day or time of day. (See attached) With the direct report, the Administrator is better able to develop a clear understanding of what transpired from the witness and report accordingly, resulting in a more timely and accurate report to the Agencies, and regulatory compliance.  Remedial staff training on 1600.15 (a-d), Resident Rights, DPW reporting requirements, community policy specifying the person to notify directly in such instances was conducted on 1.18.12 (see attached). Training to include Safe Management Techniques will be conducted by 2.29.12 to offer additional supportive resources for staff, and reinforce the training from 1.18.12. Administrator will verify that every staff member is trained in the home's policy by 2.29.12	Steps have been taken to correct violation; full compliance is not verifiable <i>2-29-12/EE</i> Date Initials (DF)

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SIGNATURE OF LEGAL ENTITY <i>Allyson Campbell</i>	DATE 2/20/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Shirley Enrich</i>	DATE 2-29-12

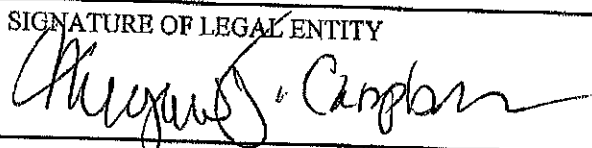
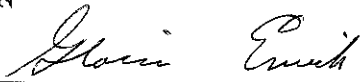
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15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	On 1/8/12, an allegation of resident abuse was reported to the facility. The facility did not suspend direct care staff A until 1/14/12.	1.18.12	<p>Upon clarification of the details of the incident in question, the staff person was immediately suspended. Staff have been re-trained (1.18.12) of the home's policy concerning the reporting of suspected abuse needing to be reported <u>directly to the Administrator</u> to facilitate the investigation and immediate reporting requirements.</p> <p>The staff member involved in the incident was subsequently terminated upon based on results of the investigation.</p>	2-29-12 <i>SE</i>

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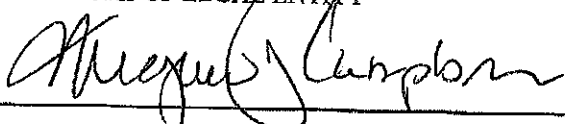
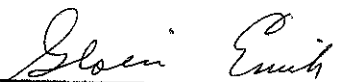
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15c The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.	On 1/8/12, an allegation of resident abuse was reported to the facility. The facility did not notify the Department's personal care home regional office of staff A's suspension until 1/16/12.	1.14.12  2.20.12 + ongoing	The staff person was suspended immediately upon clarification of the details of the incident. The intent was to notify DPW via fax (albeit late), however, the incident was reported inadvertently under OAPSA ACT 13 Reporting requirements to County Aging Office (via fax) twice, instead of DPW.  Fax numbers for all Agencies have been posted by the fax machine to facilitate more timely reporting. The Administrator will verify the timeliness of reporting, on-going by daily monitor of shift logs and communication with Managers on Duty.	Steps have been taken to correct violation; full compliance is not verifiable 2-29-12 Date Initials (DPW)

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15d The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.	On 1/8/12, an allegation of resident abuse was reported to the facility. The facility did not notify the resident's designated person until 1/14/12.	1.14.12  1.14.12 + ongoing	<p>Upon Clarification of the details of the incident in question, the Resident's Designated Person was immediately notified.</p> <p>The Administrator also has reviewed the requirements of 2600.15 (a-d) and 2600.42 in it's entirety, and will follow the requirements and ensure others do the same.</p> <p align="right"><b>Steps have been taken to correct violation; full compliance is not verifiable</b></p> <p align="right">2-29-12 BE</p>	<p align="right">Date: <u>2-29-12</u>  Initials (DPW): <u>BE</u></p>

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42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 1/8/12, resident #1 was physically dragged by the wrists from another resident's apartment out into the hallway by direct care staff A.	1.18.12 by: 2.29.12  1.14.12 + ongoing	<p>Training to include Safe Management Techniques will be conducted by 2.29.12, to provide additional supportive resources, and reinforce the training from 1.18.12.</p> <p>The Administrator also has reviewed the requirements of 2600.15 (a-d) and 2600.42 in it's entirety, and will follow the requirements and ensure others do the same via daily monitoring of shift logs, reinforcement of the requirements with staff and managers, and open communication.</p> <p>Residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. - SE</p>	

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2-29-12-SE  
Date Initials (DPW)