

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TITHONUS LANCASTER, LP

LEGAL ENTITY

To operate MAGNOLIAS OF LANCASTER

NAME OF FACILITY OR AGENCY

Located at 1870 ROHRESTOWN ROAD, LANCASTER, PA 17601

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 38  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 38

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 July 21, 2012 until July 21, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 322590

*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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 28 2012

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Loriann Putzier, COO  
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 May 17, 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.

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 'R. Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 32259 - 05/17/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following: (i) through (xvi)
- (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- (vi) Implementation of the initial assessment, annual assessment and support plan.
- (vii) Nutrition, food handling and sanitation.
- (viii) Recreation, socialization, community resources, social services and activities in the community.
- (ix) Gerontology.
- (x) Staff person supervision, if applicable.
- (xi) Care and needs of residents with special emphasis on the residents being served in the home.
- (xii) Safety management and hazard prevention.
- (xiii) Universal precautions.
- (xiv) The requirements of this chapter.
- (xv) Infection control.
- (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2. DESCRIPTION OF VIOLATION**

Staff member A, hired 3/7/12, provided unsupervised ADL services before passing the Department's competency test on 4/9/12.  
 Staff member B, hired 2/29/12, provided unsupervised ADL services before passing the Department's competency test on 3/28/12.  
 Staff member C, hired 2/29/12, provided unsupervised ADL services before passing the Department's competency test on 3/29/12.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

**2600.65 (d) Plan of Correction:**

May 17, 2011 Although we are unable to go back and correct these errors, on June 13, 2012 the Executive Director audited all employee files for compliance and all care staff have successfully completed the required competency test. We understand that the primary benefit for this regulation is to ensure that each individual who provides assistance with ADLs is trained to do so properly before they provide unsupervised ADL care.

June 13, 2012 We have revised our new employee orientation schedule to ensure that on day two of our four day new employee orientation time is set aside for care staff to complete the Department's competency testing. This will ensure that all care staff complete the testing prior to providing unsupervised ADL care. (new employee orientation schedule attached)

*continued next page 2A*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/31/2011
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Signature of Legal Entity Representative (Required on EVERY Page) Melissa A. Waltman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa Waltman, Executive Director Date 6/19/2012

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

The above plan of correction is approved as of 6-20-12 (Date)

Signature of Legal Entity Representative 6-20-12 (Date)

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

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

2600.65 (d) Plan of Correction continued:

- June 13, 2012 An audit was performed by the Executive Director to ensure that any employees hired following our inspection on May 17, 2012 had successfully completed their competency test prior to providing unsupervised ADL services. Three employees had been hired during this time frame. All three employees completed the Departments competency test on their second date of employment. (see attached proof of competency testing for each of these three employees)
- June 13, 2012 The Executive Director is responsible for ensuring that this requirement is successfully completed by required staff prior to providing unsupervised ADL care. At the conclusion of each General Orientation the Executive Director will verify that all employees have successfully completed the competency testing prior to providing any unsupervised care to the Residents.

Melissa Weetman, Executive Director

Violation Report: 32259 - 05/17/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2. DESCRIPTION OF VIOLATION**

The labels for resident #1's Lorazepam, 2 mg. gel syringes, contained in 10 packs of 5 units did not include the resident's name, date of prescription, instructions for administration or the name of the prescriber.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

**2600.184 (a) Plan of Correction:**

- May 17, 2012 As of 5/22/2012, Resident #1 no longer resides in our home. On 5/17/2012 the Director of Resident Care went back thru the cart and audited the syringes and wrote Resident #1's name and room number on each individual syringe. Additionally, we ordered labels from the pharmacy for the bag that held the syringes. This error occurred because Resident #1 (a recent admission) arrived with previously purchased medications which were not properly labeled and then were added to our medication cart inventory. The original bag of gel syringes had a label inside that either fell out or got taken out. Upon admission the Director of Resident Care had the label placed inside the bag but did not write on the clear outside packaging of the bag.
- June 28, 2012 Director of Resident Care will re-educate the Medication Assistants on June 28, 2012 on the proper way to check-in new medications and ensure that each medication is labeled appropriately with a pharmacy label that includes the following: (1) Resident's name; (2) name of the medication; (3) date the prescription was issued; (4) prescribed dosage and instructions for administration; (5) name and title of the prescriber. (6) The name and telephone number of the pharmacy.
- June 13, 2012 The Director of Resident Care is responsible for completing admission checklist and ensuring that all items have been completed and medications are properly labeled when admitting new residents. (see attached Admission Checklist) For all new admissions, the Director of Resident Care or Designee will check the medication labels before being placed into the medication cart upon the day of admission. The pharmacy will be notified of any incorrectly labeled medications and new labels for these medications will be requested from the pharmacy.
- June 20, 2012 Beginning on June 20, 2012, the Director of Resident Care will schedule the Medication Assistant to complete a weekly audit during the Sunday 11:00 pm - 7:00 am shift of the medication cart to ensure the integrity of the packaging and that all labeling is compliant with Regulation 2600.184 (a). Audit results will be reviewed, spot checked, and approved by Director of Resident Care each Monday morning. Executive Director will review, spot check, and approve on the last business day of each month. (see attached Audit Form)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Melissa Waltman*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Melissa Waltman, Executive Director*

Date

*6/19/2012***DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

*6-20-12*  
(Date)

Signature of Legal Entity Representative

*6-20-12*  
(Date) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

The above plan of correction was approved by

*EC*  
(Initials)

Violation Report: 32259 - 05/17/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**2. DESCRIPTION OF VIOLATION**

A package of Slow Fe iron Release Tabs belonging to resident #2 was not labeled with the resident's name.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.*

2600.184 (b) Plan of Correction:

- May 17, 2012 The Director of Resident Care immediately labeled the package of slow Fe Iron Release Tabs with Resident #2's name.
- June 13, 2012 The Director of Resident Care or a designee is responsible for completing admission checklist and ensuring that all items have been completed and medications are properly labeled when admitting a new resident. (see attached Admission Checklist) For all new admissions, the Director of Resident Care or Designee will check the OTC medications and CAM labels before they are placed into the medication cart.
- June 28, 2012 Director of Resident Care will re-educate the Medication Assistants on June 28, 2012 on the proper way to label and check-in any OTC medications and CAM prior to adding them to the medication cart.
- June 20, 2012 Beginning on June 20, 2012, the Director of Resident Care will schedule the Medication Assistant to complete a weekly audit during the Sunday 11:00 pm – 7:00 am shift of the medication cart to ensure the integrity of the packaging and that all labeling is compliant with Regulation 2600.184 (a). Audit results will be reviewed, spot checked, and approved by Director of Resident Care each Monday morning. Executive Director will review, spot check, and approve on the last business day of each month. (see attached Audit Form)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Melissa Waltman*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Melissa Waltman, Executive Director* Date *6/19/2012*

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

The above plan of correction is approved as of 6-20-12  
(Date)

Signature of Legal Entity Representative 6-20-12  
(Date)

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

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

Violation Report: 32259 - 05/17/2012 - Hoover, Douglas

**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 May 2012 medication administration record for resident #3 does not have the diagnosis or purpose for all of the resident's medications.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.*

**2600.187 (a) Plan of Correction:**

- May 17, 2012 On May 17, 2012, the Director of Resident Care added the diagnoses to Resident #3's MAR (see attached MAR for Resident #3)
- May 18, 2012 A MAR audit was conducted by the Director of Resident Care on 5/18/2012 to verify that all medication records reflect a diagnosis for each medication.
- June 28, 2012 Resident Care Staff will be re-educated by the Director of Resident Care on June 28, 2012, in reference to our policies and regulations that all medications must reflect the diagnoses on the MAR.
- July 2, 2012 During the monthly MAR changeover the Director of Resident Care or designee will audit the MAR to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Melissa Waltman*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Melissa Waltman, Executive Director* Date *6/19/2012*

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The above plan of correction is approved as of 6-20-12  
 (Date)

Signature of Legal Entity Representative 6-20-12  
 (Date)

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

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

Violation Report: 32259 - 05/17/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.231(c) - 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.

**2. DESCRIPTION OF VIOLATION**

The preadmission screening form, dated 5/2/12 for Resident #1, admitted to the SDCU on 5/7/12, was more than 72 hours prior to admission.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

**2600.231 (c) Plan of Correction:**

- May 17, 2012 Resident #1 no longer resides at the community. Resident moved in 5/7/12 and the paperwork from the physician was dated 5/4/12, except the Preadmission Screening. It is unclear why the physician dated this section different than the DME forms. The Director of Sales & Marketing did not catch this discrepancy at time of move-in.
- June 18, 2012 An audit was performed on 6/18/12 by the Executive Director to ensure that all residents admitted following the survey inspection on 5/17/2012 had appropriately dated preadmission screening paperwork. Only one Resident was admitted during this time. The admission on 6/4/2012 had a Preadmission Screening of Part IV Cognitive Screening dated 6/1/2012 and is therefore compliant with regulation 2600.231 (c). (see attached prescreens for Resident admitted 6/4/2012).
- June 19, 2012 The Director of Resident Care and Director of Sales & Marketing were re-educated by the Executive Director on Regulation 2600.23 (c) to ensure that future admissions comply with this regulation and that Part IV: Cognitive Screening is completed no more than 72 hours prior to admission. (see attached sign in sheet for this training)
- June 19, 2012 The Resident Care Admissions Checklist has been updated to include the requirement that the Cognitive Screening be completed 72-hours prior to admission in our SDCU. The Director of Sales & Marketing or designee is now required to initial the checklist to verify that all forms are accurately dated. The Executive Director or designee will audit received DME and Preadmission Screening forms on the day of move in to ensure compliance with 2600.231 (c). The checklist form will be included in the medical file for each new resident. (see attached Admission Checklist)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Melissa Waltman*

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

Melissa Waltman

Date

6/19/2012

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The above plan of correction is approved as of

6-20-12  
(Date)

Signature of Legal Entity Representative

6-20-12  
(Date)

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

The above plan of correction was approved by

*ge*  
(Initials)