



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: November 26, 2012

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 (Department) licensing inspection on July 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 Human Services Licensing so that compliance can be verified.

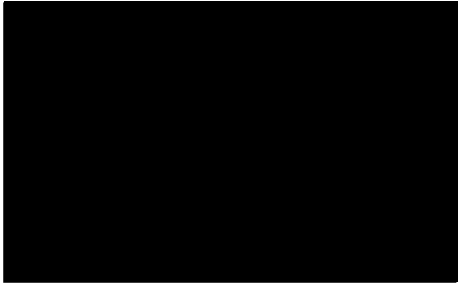
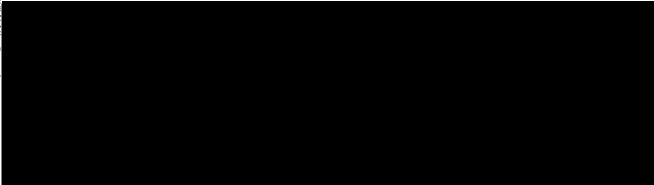
Sincerely,

A handwritten signature in black ink that reads "Neil S. Cody". The signature is written in a cursive style.

Neil S. Cody
Regional Licensing Director

Enclosure
Violation Report

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

PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2		License Number: 307690
Address: 745 NORLAND AVENUE, CHAMBERSBURG, PA 17201		County: Franklin
Administrator: Nicole Banzhoff		Region: CENTRAL
Legal Entity Name: TITHONUS CHAMBERSBURG LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/17/2012: Chou, Serena; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 26	Number of Residents who:	
Number of Residents Served: 14		
Secured Dementia Care Unit in Home: No		
Area:		
Secured Dementia Unit Capacity, if Applicable:		
	PC of Division of Region Field Office	

AUG 16 2012

Walter M. King, LNHA 8/16/12

RECEIVED

Violation Report: 30769 - 07/17/2012 - Chou, Serena
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600

2600.224(a) - 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.

2. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #1, admitted 3/19/2012, does not include a determination that the home can meet the service needs of the resident.

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.

224a

A pre-admission screening form was completed for Resident #1 upon their return to the facility from an inpatient stay at Chambersburg Hospital.

07/30/12

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.

08/15/12

The requirement under 2600 224 (a) will be reviewed with the Director of Resident Care Services and the Director of Sales and Marketing as facilitators of the admissions process.

08/15/12

Executive Director is responsible for conducting pre-screen to ensure accuracy and review of compliance with all requirements and timeliness prior to resident move in or no later than the day of resident move in.

08/15/12

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date

8/16/12

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

The above plan of correction is approved as of

8/13/12
 (Date)

Verification of Legal Entity Representative Signature

8/13/12
 (Date)

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

The above plan of correction was approved by

NSC
 (Initials)