



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

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 (Department) licensing inspection on September 11, 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.

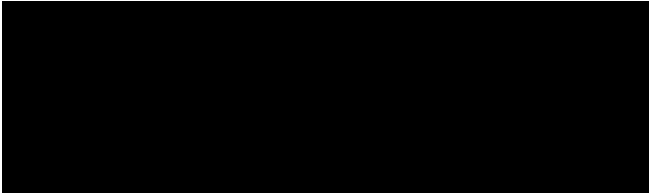
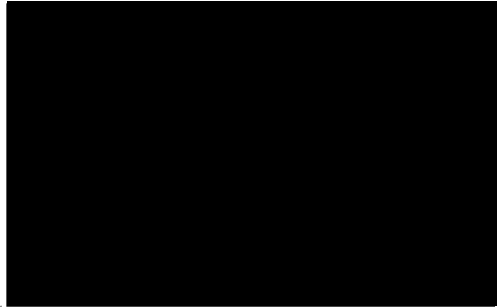
Sincerely,

A handwritten signature in black ink, appearing to read "Neil S. Cody".

Neil S. Cody  
Regional Licensing Director

Enclosure  
Violation Report

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

PCH Name: MAGNOLIAS OF LANCASTER		License Number: 322590
Address: 1870 ROHRESTOWN ROAD, LANCASTER, PA 17601		County: Lancaster
Administrator: Melissa Waltman		Region: CENTRAL
Legal Entity Name: TITHONUS LANCASTER LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 62	Waking Staff: 47
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/11/2012: Chou, Serena; Rosenblat, Dale		
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: 38 Number of Residents Served: 31 Secured Dementia Care Unit in Home: Yes Area: SDU Secured Dementia Unit Capacity, if Applicable: 38 	Number of Residents who: 	
PCH Division Regional Field Office		

NOV 2 2012

RECEIVED

Violation Report: 32259 - 09/11/2012 - Chou, Serena

PCH Name: MAGNOLIAS OF LANCASTER

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2. DESCRIPTION OF VIOLATION**

Substitute Staff Person A, whose first day of work was 9/4/2012, did not receive training in any of the topics required by this regulation.

**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.*

September 11, 2012 As soon as this violation was brought to our attention we called Substitute Staff Person A and asked them to come in immediately to receive the missing training. As noted in the attached General Orientation Checklist, this training was completed on 9/11/2012 By the Environmental Services Supervisor.

September 11, 2012 As requested by Mrs. Chou during her visit, the attached fax was sent to her attention at 4:11 pm on the afternoon of 9/11/12 to indicate that the training had been completed with substitute staff person A.

For additional clarification we have included our Orientation sections that address all items required under 2600.65(a).

October 22, 2012 In order to ensure that future substitute staff persons receive the appropriate training prior to working within our community; we have established the revised Orientation Checklist for substitute personnel. It is the responsibility of the Executive Director to ensure that any substitute staff have completed this training prior to working on the floor. A monthly audit will be performed by the Executive Director to ensure compliance.

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 *10/22/12*

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

The above plan of correction is approved as of 11/26/12  
(Date)

Verification of Legal Entity Representative Signature 11/26/12  
(Date)

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

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

Violation Report: 32259 - 09/11/2012 - Chou, Serena  
 PCH Name: MAGNOLIAS OF LANCASTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

**2. DESCRIPTION OF VIOLATION**  
 Substitute Staff Person A completed the 40th scheduled work hour on 9/13/2012. This staff person did not receive any training on the topics required by this regulation.

**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.*

September 11, 2012 As soon as this violation was brought to our attention we called Substitute Staff Person A and asked them to come in immediately to receive the missing training. As noted in the attached General Orientation Checklist, this training was completed on 9/11/2012 By the Executive Director. This orientation was completed prior to the 40<sup>th</sup> scheduled work hour which occurred on 9/13/012.

September 11, 2012 As requested by Mrs. Chou during her visit, the attached fax was sent to her attention at 4:11 pm on the afternoon of 9/11/12 to indicate that the training had been completed with substitute staff person A.

For additional clarification we have included our Orientation sections that address all items required under 2600.65(b).

October 22, 2012 In order to ensure that future substitute staff persons receive the appropriate training prior to working within our community; we have established the revised Orientation Checklist for substitute personnel. It is the responsibility of the Executive Director to ensure that any substitute staff have completed this training prior to working on the floor. A monthly audit will be performed by the Executive Director to ensure compliance.

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 *10/22/12*

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

The above plan of correction is approved as of <u>11/26/12</u> (Date)	Verification of Legal Entity Representative Signature <u>11/26/12</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented