

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TITHONUS CHAMBERSBURG, LP
LEGAL ENTITY

To operate MAGNOLIAS OF CHAMBERSBURG - BUILDING 1
NAME OF FACILITY OR AGENCY

Located at 735 NORLAND AVENUE, CHAMBERSBURG, PA 17201
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 26
(MAXIMUM CAPACITY)
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
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 29, 2013 until March 29, 2014,
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.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 2 1 2013

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 (Department) licensing inspection on November 2, 2012 and February 5, 2013 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.

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", with a stylized flourish at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 30767 - 11/02/2012 - Minnich, Ron
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time as defined in the fire safety letter, dated 12/6/11, is 7 minutes. The home exceeded the recommended safe evacuation time during the following fire drills:

- September 12, 2012 11 minutes
- August 14, 2012 8 minutes, 32 seconds
- April 24, 2012 7 minutes, 33 seconds
- March 15, 2012 10 minutes, 52 seconds

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.

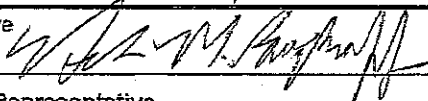
Please see attached - Page 2A + 2B of 3
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~~Pg. 1-2~~

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Nicole M. Banchoff, Executive Director

Date 02/18/13

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

The above plan of correction is approved as of 2-25-13
 (Date)

Plan of correction implementation status as of 2-25-13
 (Date)

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

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: February 5, 2013

be

Plan of Correction

Violation Review:

- 2600.132(d)- Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

Violation Interpretation Statement:

- The home's designated evacuation time as defined in the fire safety letter, dated 12/6/11, is 7 minutes. The home exceeded the recommended safe evacuation time during the following fire drills:

September 12, 2012	11 minutes
August 14, 2012	8 minutes, 32 seconds
April 24, 2012	7 minutes, 33 seconds
March 15, 2012	10 minutes, 52 seconds

Benefit of the regulation:

- Evacuation within the maximum evacuation time prevents fire-related death and injury.

Prevention:

- Conduct fire safety and evacuation training with the residents by February 22, 2013. Presentation will include importance of reacting to fire alarms in a timely manner and safety. Residents will be educated regarding drill requirements and also about safety cones being used as a faux fire indicator during a drill to simulate an emergency situation.
- Conduct fire safety and evacuation training with the staff members and update them regarding evacuation time modification to 12 minutes by February 20, 2013, (See Attachment #2).
- The maintenance director will be responsible for conducting and tracking all future fire drills. For any drills that exceed the maximum evacuation time, Maintenance Director will be responsible for completing an additional drill within a timely manner and within established evacuation timeframe.
- Timing of fire drills has been modified to allow for review. Executive Director has developed a monthly tickler ensure appropriate review.

- On 11/6/12, fire protection engineer determined the maximum safe evacuation time for the facility based on design and construction is 12 minutes from the time the fire alarm sounds until all residents have been evacuated to the outside of the building. (See Attachment #1).

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Responsibility:

- The maintenance director is responsible for maintaining the fire drill records and conducting the fire drills and fire safety and evacuation training for the staff.
- The executive director will review the fire drill documentation monthly to determine compliance with standard and sign off on acceptable drills. Any drills not meeting the requirement will be discussed with maintenance director for repeat drill and critique.

Date for correction to be completed:

- Resident and staff inservicing to be completed by 2/22/13; ongoing evaluation of drills will determine requirement for additional training.
- Fire drills will meet the time allowed by the fire protection engineer by 2/5/13.

Violation Report: 30767 - 11/02/2012 - Minnich, Ron
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the Secured Dementia Care Unit on 4/6/2012 with a history of falls. Resident #1 fell on 6/3/12, 7/21/12 and 8/3/12. The Resident's support plan does not document how this mobility need will be met.

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.

Please see attached Page 3A + 3B of 3
 Pg 3-4 BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole M. Banzhoff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole M. Banzhoff Executive Director	Date 02/18/13
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 (Date)

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

Plan of correction implementation status as of 2-25-13
 (Date)

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: February 5, 2013

Plan of Correction

Violation Review:

- 2600.227(d)- Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

Violation Interpretation Statement:

- Resident #1 was admitted to the Secured Dementia Care Unit on 4/6/2012 with a history of falls. Resident #1 fell on 6/3/12, 7/21/12 and 8/3/12. The Resident's support plan does not document how this mobility need will be met.

Benefit of the regulation:

- Ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.

Prevention:

- All new resident admissions to the Secured Dementia Care Unit will be assessed initially to determine if they are a fall risk and the support plan will be updated following any additional falls that may occur during their stay.
- All resident incidents will be reported utilizing facility incident tracking form and recommendations to prevent further falls documented.
- As a part of daily review and responsibility, DRCS responsible for review of incident reports. RASP will be assessed in tandem with the incident reports for needed updates or concurrence with plan of care.

Responsibility:

- Director of resident care responsible for reviewing incident reports and updating resident support plan accordingly.
- Staff members responsible for accurately documenting all incidents and proposed intervention for future care of resident.

- Executive director responsible for monitoring the changes weekly with DRCS. *SE*

Date for correction to be completed:

- The future resident support plans will accurately document how a resident's needs will be met by 2/25/13.
- Resident #1's Support Plan was updated to reflect mobility needs. - *SE*

Violation Report: 30767 - 02/05/2013 - Chou, Serena
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

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:
 - (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.

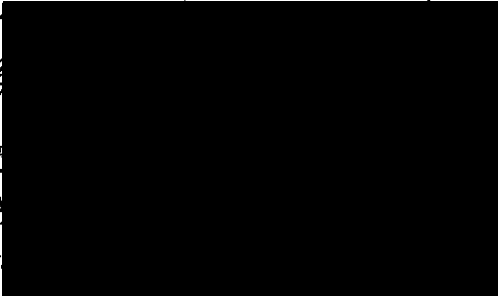
2. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, hired on 5/15/2012, began providing unsupervised ADL services on 5/15/2012. The staff person did not receive the Department-approved direct care training course, or pass the competency test until 6/21/2012.


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.

Please see attached Page 2A + 2B of 10
 Pg 5-6

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Nicole M. Banzhoff Exec
HOMES MA		3
5-13		2-25-13
(Date)		(Date)

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

The above plan of correction was approved by  (Initials)

Facility Name: Magnolias of Chambersburg, Building 1
License Number: 307670
Date: February 5, 2013

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Plan of Correction

Violation Review:

- 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:
 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.

Violation Interpretation Statement:

- Direct Care Staff Person A, hired on 5/15/2012, began providing unsupervised ADL services on 5/15/2012. The staff person did not receive the Department-approved direct care training course, or pass the competency test until 6/21/2012.

Benefit of the regulation:

- Ensures that each individual who provides assistance with ADLs is trained to do so properly.

Prevention:

- All current direct care staff persons have passed the Department- approved direct care training course and competency test.
- All new direct care staff will complete and pass the competency test within the facility provided initial three day general orientation timeframe prior to department orientation.
- Business office manager will be responsible for tracking all direct care staff through general orientation to fulfillment of this training requirement.

Responsibility:

- Business office manager is responsible for tracking fulfillment of training requirement during general orientation.
- Upon completion of general orientation, executive director will review all new hire employment records as a part of the hiring process to determine compliance with this standard.

Date for correction to be completed:

- Practice and system for review and oversight will be corrected by 2/25/13.

Violation Report: 30767 - 02/05/2013 - Chou, Serena
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2. DESCRIPTION OF VIOLATION
 Direct Care Staff Person D received only 8.25 hours of annual training in training year 2012.

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.

Please see attached Page 3A + 3B of 10
 Pg 7-8 be

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole M. Banzhoff, Executive Director	Date 02/18/13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-25-13</u> (Date)	Verification of Legal Entity Representative Signature <u>2-25-13</u> (Date)
The above plan of correction was approved by <u>be</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: February 5, 2013

SE

Plan of Correction

Violation Review:

- 2600.65(e)- Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Violation Interpretation Statement:

- Direct Care Staff Person D received only 8.25 hours of annual training in training year 2012.

Benefit of the regulation:

- Ensures that direct care staff persons receive high quality training to continue to develop their knowledge of regulatory requirements and best practices in resident care.

Prevention:

- Direct Care Staff Person D attendance and hours of annual training will be monitored for compliance in 2013 by the executive director.
- Business office manager will use a training compliance tracker form to track all staff trainings that occur over the calendar year.
- All staff will be inserviced at the next town hall meeting regarding the expected training hours requirement (See Attachment #2) and their cooperation to achieve the regulatory standard.
- Business office manager will periodically review the tracker for compliance throughout the year and notify any staff members of requirement to complete trainings.

• Staff person D will complete an additional 3.75 hrs in addition to required 12 hours in 2013. - SE

Responsibility:

- Business office manager responsible for scheduling, documenting and tracking staff trainings for the year.
- Executive director responsible for randomly auditing the training tracker for compliance with training standards and completion of the requirement.

Date for correction to be completed:

- Training tracker will be up to date and oversight in place by 2/25/13.

Violation Report: 30757 - 02/05/2013 - Chou, Serena
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2. DESCRIPTION OF VIOLATION

Staff person B administered medications to residents. Staff person B is not a medical professional and has not completed the Department's medication administration training update from 9/2012 to 11/2012.

Staff person C administered medications to residents. Staff person C is not a medical professional and has not completed the Department's medication administration training update from 7/2012 to 11/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

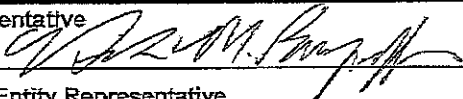
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Page 4A + 4B of 10
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~~Pg 9-10~~

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Nicole M. Banzhoff, Executive Director

Date

02/18/13

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

The above plan of correction is approved as of 2-25-13
 (Date)

Verification of Legal Entity Representative Signature 2-25-13
 (Date)

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

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: February 5, 2013

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Plan of Correction

Violation Review:

- 2600.182(b)- Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 4. A staff person who has completed the medication administration training as specified in 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Violation Interpretation Statement:

- Staff person B administered medications to residents. Staff Person B is not a medical professional and has not completed the Department's medication administration training update from 9/2012 to 11/2012.
- Staff person C administered medications to residents. Staff Person C is not a medical professional and has not completed the Department's medication administration training update from 7/2012 to 11/2012.

Benefit of the regulation:

- Ensures that medication will be administered safely and in accordance with best practices by trained professionals.

Prevention:

- All medication assistants have been audited for compliance with training update and meet the standard.
- A tickler has been developed to monitor training deadline requirements for medication assistants.

Responsibility:

- The director of resident care is responsible for monitoring monthly the team members requiring training and observations to appropriately pass medications.
- The executive director will randomly audit the training deadlines for a period of six months to determine ongoing compliance with this standard and appropriate training.

Date for correction to be completed:

- Compliance with this standard will be achieved by 2/25/13.

Violation Report: 30767 - 02/05/2013 - Chou, Serena
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2. DESCRIPTION OF VIOLATION

On 2/5/2013, Keflex prescribed for Resident #4 on 12/5/2012 for seven days, was found in the medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

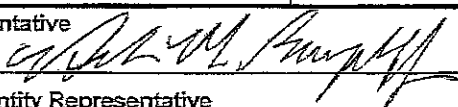
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Page 5A + 5B of 10
 be
~~Pg 11-12~~

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Nicole M. Banzhoff, Executive Director

Date 02/18/13

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 (Date)

Verification of Legal Entity Representative Signature 2-25-13
 (Date)

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 (Initials)

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

Facility Name: Magnolias of Chambersburg, Building 1
License Number: 307670
Date: February 5, 2013

Plan of Correction

Violation Review:

- 2600.183(d)- Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Violation Interpretation Statement:

- On 2/5/2013, Keflex prescribed for resident #4 on 12/5/2012 for seven days, was found in the medication cart.

Benefit of the regulation:

- Ensures the home does not keep the medications that are for residents no longer living in the home or that have been discontinued.

Prevention:

- Medications for resident #4 has been discarded.
- Remainder of medication cart was audited to ensure only current prescriptions were present for remainder of resident population.
- A monitoring tool for medication management has been developed (See Attachment #3).
- Medication assistants were inserviced regarding responsibility for weekly audits to be performed (See Attachment #2).
- Director of resident care will review the weekly audits completed by the medication assistants and conduct regular MAR and Medication Checks for expired medications.

Responsibility:

- The medication assistants are responsible for regular review and identification of medications needing ordered or that have expired.
- The director of resident care is responsible for review of weekly audits completed by the medication assistants and for individual audits of the resident medications.
- Executive director responsible for monitoring of oversight.

Page 5 B of 10
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Date for correction to be completed:

- Compliance with medication management will be achieved by 2/25/13.

Violation Report: 30767 - 02/05/2013 - Chou, Serena
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2. DESCRIPTION OF VIOLATION

On 2/5/2012, Resident #2's Acetaminophen was found in Resident #1's individual medication drawer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

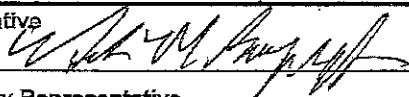
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Page 6A of 10
 be
 Pg 13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Nicole M. Banzhoff Executive Director

Date 02/18/13

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- Not Implemented

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: February 5, 2013

2e

Plan of Correction

Violation Review:

- 2600.183(e)- Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Violation Interpretation Statement:

- On 2/5/2012, Resident #2's Acetaminophen was found in Resident #1's individual medication drawer.

Benefit of the regulation:

- Ensures that medications will be stored in a manner that prevents damage or loss.

Prevention:

- Resident #2's medication was returned to the proper location in the medication cart.
- Medication assistants will be inserviced (See Attachment #2) regarding maintaining resident medications separately and in an organized manner.
- Medication assistants responsible for conducting weekly audits of medication carts to promote this outcome.

Responsibility:

- Medication assistants responsible for management of medications and their proper storage.
- Director of resident care services responsible for randomly auditing the medication carts and documentation for compliance.
- Executive director responsible for monitoring of oversight.

Date for correction to be completed:

- The standard and training for maintaining and handling medications will occur by 2/25/13.

Violation Report: 30767 - 02/05/2013 - Chou, Serena
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

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 medication administration record for Resident #1 does not include diagnoses for Tamiflu and Risperidone.
 The medication administration record for Resident #3 does not include diagnoses for Melatonin, Tamiflu, Haldol, and Namenda.
 The medication administration record for Resident #4 does not include staff initials for the administration of Keflex on 12/6/2012, and 12/8/2012; Teicoplanin on 12/1/2012, 12/7/2012, and 12/16/2012; and Humalog on 12/12/2012, 12/16/2012, and 12/19/2012.

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.

Please see attached Page 7A + 7B of 10
 Pg 14-15
 SE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/20/2011
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole M. Banzhoff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nicole M. Banzhoff, Executive Director

Date 02/18/13

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

The above plan of correction is approved as of <u>2-25-13</u> (Date)	Verification of Legal Entity Representative Signature <u>2-25-13</u> (Date)
---	--

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

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: February 5, 2013

Plan of Correction

Violation Review:

- 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 of 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.

Violation Interpretation Statement:

- The medication administration record for Resident #1 does not include diagnosis for Tamiflu and Risperidone.
- The medication administration record for Resident #3 does not include diagnosis for Melatonin, Tamiflu, Haldol, and Namenda.
- The medication administration record for Resident #4 does not include staff initials for the administration of Keflex on 12/6/2012, and 12/8/2012; Teiamcinolone on 12/1/2012, 12/7/2012, and 12/16/2012; and Humalog on 12/12/2012, 12/16/2012 and 12/19/2012.

Benefit of the regulation:

- The home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

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Prevention:

- Medication assistants were inserviced regarding medication handling procedures and responsibility to obtain orders from physician offices with diagnosis.
- A monitoring tool for medication management has been developed (See Attachment #3).
- Medication assistants were inserviced regarding responsibility for weekly audits to be performed (See Attachment #2).

Responsibility:

- The medication assistants are responsible for regular review of resident medications and handling of physician orders.
- The medication assistants are responsible for weekly monitoring and audit of the resident medications to identify any discrepancies.
- The director of resident care is responsible for review of weekly audits completed by the medication assistants and for individual audits of the resident medications and the medication cart.

Date for correction to be completed:

- Staff inservicing will be complete and auditing tools in place by 2/25/13.

Violation Report: 30767 - 02/05/2013 - Chou, Serena
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #1's Acetaminophen for pain was not available at the home.

Resident #2's Tamiflu for influenza was not available at the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

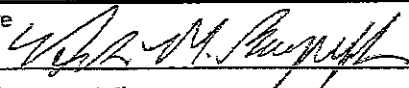
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Page 8A of 10
 & E
 Pg 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Nicole M. Banzhoff, Executive Director

Date 02/18/13

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

The above plan of correction is approved as of 2-25-13
 (Date)

Verification of Legal Entity Representative Signature 2-25-13
 (Date)

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

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: February 5, 2013

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Plan of Correction

Violation Review:

- 2600.187(d)- The home shall follow the directions of the prescriber.

Violation Interpretation Statement:

- Resident #1's Acetaminophen for pain was not available at the home.
- Resident #2's Tamiflu for influenza was not available at the home.

Benefit of the regulation:

- Ensures that residents receive medications and treatments as ordered by a physician.

Prevention:

- Resident #1 and #2 orders clarified and medication received where appropriate for needs of resident.
- Medication assistants responsible for completing weekly audit of medications and tracking physician orders for completion (See Attachment # 3 and #4).
- Medication assistants inserviced (See Attachment #2) regarding weekly audits of MARs and the medication cart.

Responsibility:

- The medication assistants are responsible for regular review of resident medications and handling of physician orders.
- Nightshift medication assistants will be responsible for reviewing new orders are followed up on.
- The director of resident care is responsible for review of weekly audits completed by the medication assistants and for individual audits of the resident medications and the medication cart.

Date for correction to be completed:

- Compliance with ensuring residents receive medications and treatments as ordered by the physician and the accompanying training will occur by 2/25/13.

Violation Report: 30767 - 02/05/2013 - Chou, Serena
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism were not conspicuously posted near the door to the SDCU.

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.

Please see attached Page 9A of 10.

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SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole M. Banzhoff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nicole M. Banzhoff, Executive Director

Date 02/18/13

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

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 (Date)

Verification of Legal Entity Representative Signature 2-25-13
 (Date)

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

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: February 5, 2013

22

Plan of Correction

Violation Review:

- 2600.233(c)- If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the door to the SDCU.

Violation Interpretation Statement:

- The directions for operating the home's locking mechanism were not conspicuously posted near the door to the SDCU.

Benefit of the regulation:

- Posting the directions for the operation of key-locking devices, electronic cards systems or other devices that prevent immediate egress help to ensure that persons in the secured dementia care unit who do not have an identified need to be in a secured unit can exit the secured unit on their own and at will.

Prevention:

- The code has been conspicuously posted by the departure point of the SDCU.
- Remainder of exits reviewed for proper posting of operating code.

Responsibility:

- Maintenance director responsible for ensuring that the exits to the SDCU are properly secured at all times and labeled properly.
- Executive director will randomly audit exit points to SDCU to ensure proper and conspicuous posting of directions.

Date for correction to be completed:

- Proper posting of directions for the SDCU locking mechanism will be updated by 2/6/13.

Violation Report: 30767 - 02/05/2013 - Chou, Serena
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2. DESCRIPTION OF VIOLATION

Direct Care Staff Person D had no training in dementia care during training year, 1/2012 to 12/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

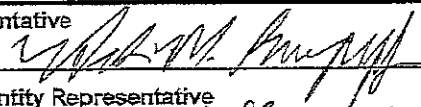
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Page 10 A + 10B of 10
 Pg. 18-19 SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Nicole M. Banzhoff Executive Director

Date

02/18/13

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 (Date)

Verification of Legal Entity Representative Signature 2-25-13
 (Date)

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

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

Facility Name: Magnolias of Chambersburg, Building 1
License Number: 307670
Date: February 5, 2013

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Plan of Correction

Violation Review:

- 2600.236- Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in 2600.65 (relating to direct care staff person training and orientation).

Violation Interpretation Statement:

- Direct care Staff Person D had no training in dementia care during training year, 1/2012 to 12/2012.

Benefit of the regulation:

- Having direct care staff members who are specially trained in dementia care and services helps to provide an understanding of the needs of people with dementia and how symptoms might affect them. Staff members are trained to recognize body language, verbal and non-verbal cues to establish the resident's need as well as employ other specialized training in dealing with residents of the secured dementia care unit. This may help persons with dementia show greater improvement in behavior and emotion, as they are interacting with staff members who have been specially trained to deal with their diagnosis.

Prevention:

- Direct Care Staff Person D will participate in a new hire general orientation training for dementia care.
- Direct Care Staff Person D attendance and hours of dementia training will be monitored for compliance in 2013 by the executive director.
- Business office manager will use a training compliance tracker form to track all staff dementia trainings that occur over the calendar year.
- All staff will be inserviced at the next town hall meeting regarding the expected dementia care training hours requirement (See Attachment #2) and their cooperation to achieve the regulatory standard.
- Business office manager will periodically review the tracker for compliance throughout the year and notify any staff members of requirement to complete trainings.

Responsibility:

- Business office manager responsible for scheduling, documenting and tracking staff dementia care trainings for the year.
- Executive director responsible for randomly auditing the training tracker for compliance with training standards and completion of the requirement.

Date for correction to be completed:

- Dementia care training of Direct Care Staff Person D will be up to date by 3/7/13.
- The training tracker tool will be up to date and oversight in place by 2/25/13.