





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 2  
745 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 4, 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 be "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 30769 - 11/02/2012 - Minnich, Ron  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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 8 minutes, 37 seconds
- August 14, 2012 10 minutes, 21 seconds

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

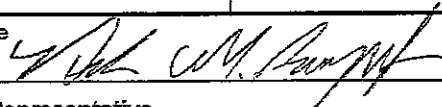
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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

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)

Plan of correction implementation status as of 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 2

License Number: 307690

Date: February 4, 2013

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### 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	8 minutes, 37 seconds
August 14, 2012	10 minutes, 21 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).

**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.

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**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: 30769 - 02/04/2013 - Chou, Serena  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

**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 11/19/2012, began providing unsupervised ADL services on 11/19/2012. The staff person did not receive the Department-approved direct care training course, or pass the competency test until 1/2/2013.

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

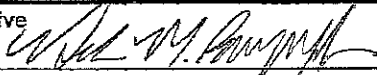
include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Page 2A + 2B of 8.

pg 3-4

§ 2

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 <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>NE</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 2  
License Number: 307690  
Date: February 4, 2013

DE

**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.

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**Violation Interpretation Statement:**

- Direct Care Staff Person A, hired on 11/19/2012, began providing unsupervised ADL services on 11/19/2012. The staff person did not receive the Department-approved direct care training course, or pass the competency test until 1/2/2013.

**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: 30769 - 02/04/2013 - Chou, Serena  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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.

2. DESCRIPTION OF VIOLATION

Residents do not evacuate to the outside of the building for fire drills during "bad" weather. The home has no internal fire safe areas.

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

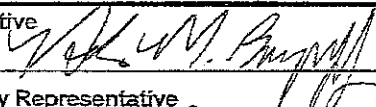
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Page 3A + 3B of 8.  
 Pg 5-6 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)

Nicola 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)

- 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 2  
License Number: 307690  
Date: February 4, 2013

JE

**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:**

- Residents do not evacuate to the outside of the building for fire drills during "bad" weather. The home has no internal fire safe areas.

**Benefit of the regulation:**

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

**Prevention:**

- All future fire drills will require full evacuation to the exterior of the facility as the designated fire-safe area.
- Team members have been educated regarding this standard at the monthly town hall meeting (See attachment #2).
- Residents will be reminded of this standard at their February Resident Council Meeting on 2/22/12 and they will be inserviced on the importance of timely reaction to the fire alarm.

**Responsibility:**

- Maintenance director as conductor of the fire drill is responsible for ensuring full evacuation of the facility.
- Executive director will randomly monitor this standard via participation in the drill and evacuation process to determine ongoing compliance.

Page 3B of 8

RE

**Date for correction to be completed:**

- Compliance with this standard will be achieved by 2/22/13.

Violation Report: 30769 - 02/04/2013 - Chou, Serena  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

**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**

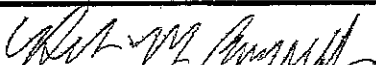
Staff Person B administered medications to residents. Staff Person B is not a medical professional and has not completed the Department's medication administration training update from 9/2012 to 11/2012.  
 Staff Person C administered medications to residents. Staff Person C is not a medical professional 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 8.  
 Pg 7-8 82

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 <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 2

License Number: 307690

Date: February 4, 2013

Se

### 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 services 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.

B?

**Date for correction to be completed:**

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

Violation Report: 30769 - 02/04/2013 - Chou, Serena  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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 2/4/2013, Hydrocodone and Trazodone, prescribed for Resident #1, expired on 12/26/2012 and 2/1/2013, respectively.  
 On 2/4/2013, Hydrocodone, prescribed for Resident #2, expired on 8/27/2012.

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 5A + 5B of 8.

~~Pg 9-10~~

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!**

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 SE  
 (Initials)

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

Facility Name: Magnolias of Chambersburg, Building 2

License Number: 307690

Date: February 4, 2013

JE

### **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 2/4/2013, Hydrocodone and Trazodone, prescribed for Resident #1, expired on 12/26/2012 and 2/1/2013, respectively.
- On 2/4/2013, Hydrocodone, prescribed for Resident #2, expired on 8/27/2012.

#### **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 #1 and #2 respectively have 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 #3).
- 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 services 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 Bof8

**Date for correction to be completed:**

BE

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

Violation Report: 30769 - 02/04/2013 - Chou, Serena  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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 2/4/2013, a half round, white pill was found in the home's medication cart.

On 2/4/2013, Resident #3's Humulin was opened with no opening date recorded on the bottle. The pharmacy confirmed that the medication must be used within 28 days after its initial use.

On 2/4/2013, Resident #4's two Lantus SoloStar flex pens were found opened with no opening date information. The medication's instructions read, "use within 28 days after initial use."

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 + 6B of 8.  
 Pg 11-12 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) <i>Nicole M. Banzhoff, Executive Director</i>	Date <i>02/18/13</i>
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**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)

- 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 2

License Number: 307690

Date: February 4, 2013

ge

### 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 2/4/2013, a half round, white pill was found in the home's medication cart.
- On 2/4/2013, Resident #3's Humulin was opened with no opening date recorded on the bottle. The pharmacy confirmed that the medication must be used within 28 days after its initial use.
- On 2/4/2013, Resident #4's two Lantus Solostar flex pens were found opened with no opening date information. The medication's instructions read, "use within 28 days after initial use."

#### Benefit of the regulation:

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

#### Prevention:

- The half round white pill found in the cart was discarded and the remainder of the cart was audited for proper conditions.
- 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).
- Medication assistants were inserviced regarding responsibility for monthly or as needed medication cart cleaning.
- Director of resident care will review the weekly audits completed by the medication assistants and conduct regular MAR, Medication cart and Medication checks for expired medications.

**Responsibility:**

- The medication assistants are responsible for regular review and identification of medications needing ordered, labeled or that have expired.
- The medication assistants are responsible for ensuring standard for cleanliness of the medication cart.
- 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.
- Executive director responsible for monitoring of oversight.

DE

**Date for correction to be completed:**

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

Violation Report: 30769 - 02/04/2013 - Chou, Serena  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

**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**

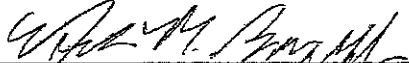
The medication administration record for Resident #5 does not include Lidocaine.  
 The medication administration record for Resident #6 does not include a diagnosis for Tamiflu.

**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 8.  
 Pg. 13-14 BE

Repeat Violation: No	Date(s) of Previous Violation(s):	12/19/2011
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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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**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 2

License Number: 307690

Date: February 4, 2013

DE

### 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 #5 does not include Lidocaine.
- The medication administration record for Resident #6 does not include a diagnosis for Tamiflu.

#### 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.

#### Prevention:

- Lidocaine was used by primary care physician when administering injection to resident #5. Primary care physician and PA educated regarding standard and medication was removed from the cart.
- 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).

EE

**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: 30769 - 02/04/2013 - Chou, Serena  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600

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

2. DESCRIPTION OF VIOLATION

Resident #5's Lidoderm for pain, apply one patch to spine in the morning, has not been available since 1/10/2013.

Resident #4's Lovaza for hypertension, and Furosemide for edema, were not available from 1/1/2013 to 1/3/2013.

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

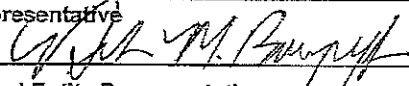
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Page 8A + 8B of 8.  
 Pg 15-16 DE

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)

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

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

Facility Name: Magnolias of Chambersburg, Building 2

License Number: 307690

Date: February 4, 2013

JE

### **Plan of Correction**

#### **Violation Review:**

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

#### **Violation Interpretation Statement:**

- Resident #5's Lidoderm for pain, apply one patch to spine in morning, has not been available since 1/10/2013.
- Resident #4's Lovaza for hypertension, and Furosemide for edema, were not available from 1/1/2013 to 1/3/2013.

#### **Benefit of the regulation:**

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

#### **Prevention:**

- Resident #5's Lidoderm order has been discontinued.
- Resident #4's medications Lovaza and Furosemide are currently available for resident use.
- Medication assistants will fax all orders from resident prescriber's to the pharmacy upon receipt. Depending on the urgency of the refill and the order, back up pharmacy may be utilized to acquire medication in a timely fashion.
- Medication assistants will be inserviced regarding responsibility for timely handling of physician orders (See Attachment #2).
- A new physician order tracking form will be utilized to track the progress of the order through completion (See Attachment # 4).

#### **Responsibility:**

- Medication assistant responsible for management of medication.
- Director of resident care is responsible for regular review and audit of the physician order tracking form.
- Executive director responsible for random review of physician order tracking form to identify trends in timely order and pharmacy follow up.

Page 8 B of 8

**Date for correction to be completed:**

- Staff inservicing will be complete and tracking tool in place by 2/25/13.

8<sup>2</sup>