



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAILING DATE: December 5, 2013

Ms. Nicole Banzhoff, Administrator
Tithonus Chambersburg LP
6600 Brooktree Court Suite 1000
Wexford, Pennsylvania 15090

RE: Magnolias of Chambersburg Building 1
735 Norland Avenue
Chambersburg, Pennsylvania 17201

Dear Ms. Banzhoff:

As a result of the Department of Public Welfare's Human Services licensing inspection on March 1 and April 8, 2013 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as the violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb".

Jaime Erb
Regional Licensing Administrator

Enclosure(s)

Violation Report: 30767 - 03/01/2013 - Rosenblat, Dale
PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for Resident #1 was completed on 4/1/2012. The resident was assessed as being independently ambulatory with a walker. Incidents of falling were recorded in the resident's record on:

- 9/29/12
- 10/15/12
- 11/24/12
- 3/8/13

The home did not update the resident's assessment to include the decline of the ambulatory function and fall risk.

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 - pages 2A of 2 & 2B of 2.
 JE 10/21/13

| | | | |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

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 10/18/13

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| | |
|--|---|
| The above plan of correction is approved as of <u>10/21/13</u> (Date) | Plan of correction implementation status as of <u>10/21/13</u> (Date) |
| The above plan of correction was approved by <u>JE</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 |

Prevention (cont.):

- Director of resident care will review with direct care staff the resident incident report and the importance of documenting incidents accordingly and in a timely manner.

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.

Date for correction to be completed:

- Future resident support plans will accurately reflect how a resident's needs will be met by 10/25/13.

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: April 8, 2013

Plan of Correction

Violation Review:

- 2600.226(a)- The resident shall be assessed for mobility needs as part of the resident's assessment.

Violation Interpretation Statement:

- The most recent assessment for Resident #1 was completed on 4/1/2012. The resident was assessed as being independently ambulatory with a walker. Incidents of falling were recorded in the resident's record on:
 1. 9/29/12
 2. 10/15/12
 3. 11/24/12
 4. 3/8/13

The home did not update the resident's assessment to include the decline of the ambulatory function and fall risk.

Benefit of the regulation:

- Assessing a resident's mobility needs benefit both the resident and the home. The resident's needs including mobility are identified and services can be arranged, as well as the home can accommodate for the resident's needs by possibly locating the resident's bedroom in a more accessible location.

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.
- Resident #1 no longer resides at Magnolias however the current resident population records/ assessments and any accompanying incident reports will be audited to determine accuracy of mobility needs and compliance with above standard.
- All resident incidents will be reported utilizing the facility incident tracking form and recommendations to prevent further falls will be 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.

Nicole M. Banzhoff, LNHA 1
Executive Director

 10/18/13