



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

Ms. Loriann Putzier, COO
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 licensing inspection on May 14, 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.

Your regular license for the period of July 21, 2013 to July 21, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

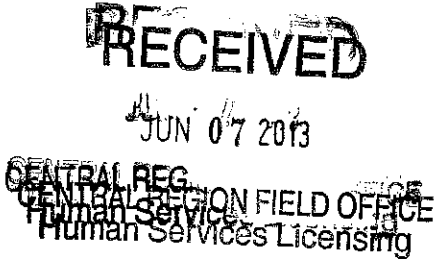
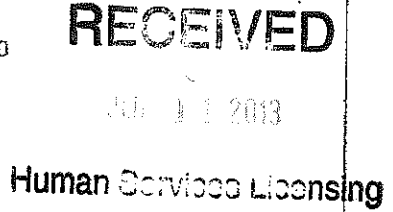
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: MAGNOLIAS OF LANCASTER		License Number: 32259
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 C-2 LP 09/11/1997 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 68 Waking Staff: 51		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/14/2013: OPake, Hope; Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable 05/20/2013: OPake, Hope		
		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 34 Secured Dementia Care Unit in Home: Yes Area: Entire Building Secured Dementia Unit Capacity, if Applicable: 38 Number of Residents Served in Secured Dementia Care Unit, if applicable: 34 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 21	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 34 Have a Physical Disability: 7	

Violation Report: 32259 - 05/14/2013 - OPake, Hope
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa. Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On May 14, 2013, a gate in the courtyard fence outside of the Jukebox Room was padlocked on the outside, creating a blocked egress from 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.

2600.121 (a) Plan of Correction:

May 29, 2013 The exterior courtyard off of our Jukebox Room that has an 8' high fence. The entrance to this courtyard has a sign that states "THIS IS NOT AN EXIT". See attached photo. The courtyard has a gate that our maintenance staff use about twice a year - once for spring mulching and once for fall cleanup. The 8' high fence's gate is padlocked from the opposite side of the courtyard. This courtyard is not meant to be an egress point from the home.



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Human Services Licensing

June 7, 2013 Following discussions with DPW, we are planning to make modifications to the gate so that it appears to be a continuous section of fence and not an operable gate. These modifications will be completed by 6/21/13.

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

6/17/13

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

The above plan of correction is approved as of

6-10-13
(Date)

Plan of correction implementation status as of

6-10-13
(Date)

The above plan of correction was approved by

EW
(Initials)

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

Violation Report: 32259 - 05/14/2013 - OPake, Hope

PCH Name: MAGNOLIAS OF LANCASTER

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.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism, a keypad, are not conspicuously posted near the exit doors of the SDCU.

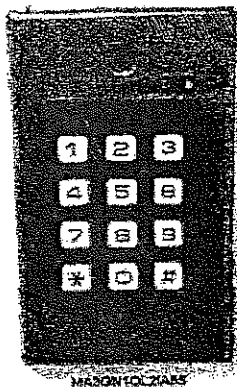
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

2600.233 (c) Plan of Correction:

May 29, 2013 Our community is solely a Secured Dementia Care Unit. The main entry area utilizes a magnetic key code locking system. Only staff members have access to the code. All visitors must be coded in/out by our staff members to ensure the safety of our residents. There is a door bell that visitors use to gain access to and from the secured dementia care unit. In the case of a fire emergency, the magnetic locking doors disengage and allow exit to the outdoors.

June 1, 2013 Some of our residents are able to follow the written directions and obtain immediate egress from the home. Therefore we have disguised the directions. As depicted in the picture below, the code is hidden in the Magnolias Word with the four-digit code being the numbers in reverse order. So as illustrated below the code is 5312. This code is changed frequently to protect the safety of our residents. *The code is now on both keypads. -BE*



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

6/7/13

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

The above plan of correction is approved as of 6-10-13
(Date)

Plan of correction implementation status as of 6-10-13
(Date)

The above plan of correction was approved by *JE*
(Initials)

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

Violation Report: 32259 - 05/14/2013 - OPake, Hope
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on August 3, 2012. The resident's initial support plan was developed on August 14, 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.

2600.234 (a) Plan of Correction:

June 1, 2012 Resident #1 was admitted on August 3, 2012, at this time we were in transition with our Director of Resident Care. At that time, the Director of Resident Care Services was the person within our organization that was responsible for overseeing the coordination of our support plans for all new residents. While we can't go back and correct this violation, we have ensured that it won't happen again. During this transition we found it necessary to train additional staff as designees to complete the support plans. Our current practice is that the 11p-7a Medication Assistant is designated to prepare the support plan on the first shift following a new admission. The Director of Resident Care Services or Executive Director then reviews and approves the support plan within 72 hours of admission. We currently use the attached New Admission Checklist.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *6/7/13*

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

The above plan of correction is approved as of 6-10-13
 (Date)

The above plan of correction was approved by *SW*
 (Initials)

Plan of correction implementation status as of 6-10-13
 (Date)

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