



Ms. Melissa Waltman, Administrator
Tithonus Lancaster, LP
c/o Integracare Corp
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

NOV 26 2013

RE: Magnolias of Lancaster
1870 Rohrestown Road
Lancaster, Pennsylvania 17601

Dear Ms. Waltman:

Thank you for your request for a waiver of 55 Pa.Code Ch. 2600 (relating to personal care homes). You have requested a waiver of 55 Pa.Code § 2600.190(a) and 55 Pa.Code § 2600.190(b) (relating to medication administration training) regarding testing coagulation times for three residents living in the home.

Your request for waiver is being returned for additional information. The following supporting documentation should be included in your next submission of information:

- Name of each resident affected by the waiver request.
- A copy of the support plan, assessment, medical evaluation (including prescription information), and medication administration record (MAR) for each resident affected by the waiver request.
- Training documentation for any staff member employed by the home who has successfully completed the Department-approved medication administration course. Please also indicate if any of these staff members are currently responsible for administering insulin to any residents of the home.

Upon receipt of the above supporting documentation, a full and careful review of all documentation will occur. Please return the completed waiver request to Ms. Tara Pride, Director of Regulatory Implementation, Bureau of Human Services Licensing, Room 631 Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120.

If you have any questions regarding the waiver process, you may contact the Operator Support Hotline at telephone number (866) 503-3926.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones". The signature is written in a cursive style with a large, sweeping "M" and "J".

Matthew Jones
Acting Director