



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 24, 2014**

Ms. Loriann Putzier, Executive Vice President  
Tithonus Chambersburg, LP  
C/O Integracare Corporation  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: Magnolias of Chambersburg Building 2  
745 Norland Avenue  
Chambersburg, Pennsylvania 17201  
# 307690

Dear Ms. Putzier:

As a result of the Department of Public Welfare's Human Services licensing inspection on January 7, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations 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.

Sincerely,

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

Jaime Erb  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 30769 - 01/07/2014 - Rosenblat, Dale  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

**1. REGULATION 55 Pa.Code §2600**

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

**2a. DESCRIPTION OF VIOLATION**

The home charges specified amounts for individual personal needs services. The contract for Resident #1 does not include a fee schedule of actual amounts charged for April bath gel, wipes, gloves and briefs.

**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 - 5a of 5 + 5b of 5 +  
~~5c of 5~~

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Signature]* LNHA

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

Nicole M. Banzhoff, Executive Director

Date 3/3/14

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

The above plan of correction is approved as of 3/2/14  
 (Date)

Plan of correction implementation status as of 3/2/14  
 (Date)

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

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307690

Date: February 27, 2014

### Plan of Correction

#### Violation Review:

- 2600.25(c)(2)- The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

#### Violation Interpretation Statement:

- The home charges specified amounts for individual personal need services. The contract for Resident #1 does not include a fee schedule of actual amounts charged for April bath gel, wipes, gloves and briefs.

#### Benefit of the regulation:

- Ensures that residents understand the home's charges for specific services

#### Prevention:

- Resident #1 no longer resides at the facility.
- All new resident admissions to the Secured Dementia Care Unit will complete a contract whereby the associated personal need charges will be included as a part of the charges manual.
- The personal need charges list will be printed as a service fee document.
- Future facility contracts will specify actual allowable resident charges for each of the home's available services.
- Any additional chargeable service(s) identified for the resident population will be detailed with cost in future contract versions.
- All current residents and responsible parties will receive correspondence from Magnolias with a copy of the current personal need list. Acknowledgement of the receipt of this information will be sought by facility.

#### Responsibility:

- Executive Director is responsible for updating the resident contracts and service fee document.
- Executive Director will inservice Marketing & Sales Director regarding modifications to existing contract document for future use.

POC Approved: *Chambersburg*  
3/2/14

Nicole M. Banzhoff, LNHA  
Executive Director  
*Nicole M. Banzhoff* 3/3/14

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- Executive Director will facilitate process of correspondence with existing family members and residents.
- Executive Director will ensure this standard is met by review of each contract upon resident admission.

**Date for correction to be completed:**

- Future resident contracts will accurately reflect the actual amount of allowable resident charges for each of the home's available services by 03/19/2014.
- Marketing & Sales Director will be inserviced by 3/4/2014.
- Existing residents and family members will receive correspondence by 03/19/2014.

POC Approved: *C. Bamber*  
2/21/14

Nicole M. Banzhoff, LNHA  
Executive Director  
*Nicole M. Banzhoff* 3/3/14

Violation Report: 30769 - 01/07/2014 - Rosenblat, Dale  
 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.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted on 8/31/2013, has a prescription for Furosemide 20mg 1/2 tab 10mg daily (CHF). The medication was not administered on 9/12 and 9/13/2013 because the medication was not available.

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 - 5c & 5d of 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nicole M. Banzhoff*, LNHA

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

Nicole M. Banzhoff Executive Director

Date

3/3/14

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

The above plan of correction is approved as of 3/6/14  
 (Date)

Plan of correction implementation status as of 3/6/14  
 (Date)

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

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307690

Date: February 27, 2014

### Plan of Correction

#### Violation Review:

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

#### Violation Interpretation Statement:

- Resident #1, admitted on 8/31/2013, has a prescription for Furosemide 20 mg ½ tab 10mg daily (CHF). The medication was not administered on 9/12 and 9/13/2013 because the medication was not available.

#### Benefit of the regulation:

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

#### Prevention:

- Resident #1 no longer resides at the facility.
- An immediate audit of all current respite resident medications identified sufficient medication for administration was available for remainder of stay with facility.
- Director of resident care will inservice staff regarding medication management and appropriate documentation of medication counts to include appropriate notation of any incidents whereby a medication may be wasted ie., dropped accidentally or damaged.
- A random audit tool for MAR and medication supply has been developed to be conducted by DRCS weekly, to ensure medications are adequately available for all residents during their stay and appropriately documented.

POC Approved: *[Signature]*  
3/3/14

Nicole M. Banzhoff LNHA  
Executive Director  
*[Signature]* 3/3/14

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**Responsibility:**

- Team member(s) are responsible for accurately administering medications and documenting.
- Director of resident care will be responsible for auditing efforts of team members to follow medication administration standards.
- Executive Director will randomly review audit documentation of Director of resident care to identify trends or items via the MAR and documentation that require attention.
- Director of resident care and Executive Director will review audit results during regular bi-weekly manager meetings.

**Date for correction to be completed:**

- All current resident medications will be administered and documented accurately following directions of the prescriber by 2/27/2014.
- Team members will be inserviced for ongoing expectation of this standard by 3/19/2014.

POC Approved: *C. Bamber*  
*3/1/14*

Nicole M. Banzhoff LNHA  
Executive Director  
*Nicole M. Banzhoff* 3/3/14