



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAY 12 2014

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

RE: Magnolias of Chambersburg – Building 1  
735 Norland Avenue  
Chambersburg, Pennsylvania 17201  
License #: 307670


Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on January 31, 2014 and February 10, 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.

Your regular license for the period March 29, 2014 to March 29, 2015 was issued on January 3, 2014. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 30767 - 01/31/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff Person A's first day of work was 01/02/2013, but the staff person did not receive training in the following required areas until 01/03/2013:

- \*Evacuation procedures
- \*Staff duties and responsibilities during fire drills
- \*The location and use of fire extinguishers

**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 #2 2A & 2B of 11. - 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, LNHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole M. Banzhoff, Executive Director* Date *3/28/14*

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

The above plan of correction is approved as of 5-1-14  
(Date)

Plan of correction implementation status as of 5-1-14  
(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 1

License Number: 307670

Date: January 31, 2014

### Plan of Correction

#### Violation Review:

- 2600.65 (a)- Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
  1. Evacuation procedures.
  2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
  5. The location and use of fire extinguishers.
  6. Smoke detectors and fire alarms.
  7. Telephone use and notification of emergency services.

#### Violation Interpretation Statement:

- Staff Person A's first day of work was 01/02/2013, but the staff person did not receive training in the following required areas until 01/03/2013:
  - \*Evacuation procedures
  - \*Staff duties and responsibilities during fire drills
  - \*The location and use of fire extinguishers


#### Benefit of the regulation:

- Ensures that all staff persons are immediately trained to respond to an emergency situation.

#### Prevention:

- Affected individual has been in the employ of Magnolias of Chambersburg for approximately one year and three months and has received ongoing annual training to support her current knowledge of fire safety and emergency preparedness since her first day of orientation. Employee has further demonstrated capability through observation during fire drill scenarios.
- All future individuals upon beginning orientation to Magnolias will receive orientation in general fire safety and emergency preparedness on their first day of orientation.

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3/28/14



- General orientation will be scheduled with fire safety and emergency preparedness as its initial topic on day one of training.

**Responsibility:**

- The environmental services director is primarily responsible for training new individuals regarding fire safety standards at Magnolias.
- In the absence of the environmental services director, the executive director or the director of resident care services is responsible for fulfilling this task on the first day of orientation.
- The executive director in tandem with the business office assistant, will review the schedule for orientation prior to its start to ensure appropriate parties are available for training.

**Date for correction to be completed:**

- Effective 03/28/14, all orientations will comply with this standard.
- Effective 03/28/14, all planned general orientation dates will be presented by the business office assistant to the executive director for review of trainer availability in advance of the training date.

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2  
W. M. Murphy 3/28/14

Violation Report: 30767 - 01/31/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

**1. REGULATION 55 Pa.Code §2600**

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

**2a. DESCRIPTION OF VIOLATION**

On 02/10/2014, the upper metal lip of the fire place in the lounge was partially exposed and accessible to residents. The temperature of the metal upper lip of the fire place was measured at 150.0 degrees Fahrenheit at 3:00 PM.

**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 ~~3-4~~ 3A + 3B of 11. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]* LNHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole M. Banzhoff Executive Director</i>	Date <i>3/28/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5-1-14</u> (Date)	Plan of correction implementation status as of <u>5-1-14</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: January 31, 2014

### Plan of Correction

#### Violation Review:

- 2600.84- Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120 F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

#### Violation Interpretation Statement:

- On 02/10/2014, the upper metal lip of the fire place in the lounge was partially exposed and accessible to residents. The temperature of the metal upper lip of the fire place was measured at 150.0 degrees Fahrenheit at 3:00PM.

#### Benefit of the regulation:

- Minimizes the risk that residents will suffer burns by coming into contact with exposed heat sources.

#### Prevention:

- Upon surveyor identification, the environmental services director immediately fastened the existing protective fire screen directly above the upper metal lip of the fireplace.
- Environmental services director immediately audited facility for any remaining exposed heat sources as a preventative measure.

#### Responsibility:

- The director of environmental services is responsible for assuring no preventable facility hazard exists to expose residents to a heat source that could result in burns.
- The facility safety committee is responsible during safety rounds to identify environmental concerns for safety and report them immediately for correction.
- The executive director will randomly audit the building during physical plant rounds to assure no heat source accessible to residents is exposed with potential for resident injury. Findings will be reported immediately to the environmental services director.
- All team members will be in-serviced regarding this standard to assist in maintaining a safe resident environment.

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W. M. Langstaff 3/28/14

**Date for correction to be completed:**

- Compliance with this standard will be achieved by 4/16/14.

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W. M. Campbell 3/28/14

Violation Report: 30767 - 01/31/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa. Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 At 3:20 PM on 02/10/2014, the bed in Room #12 did not have a source of lighting that could be turned on/off from bedside.

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 ~~5-6~~ 4A + 4B of 11. - 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, LNHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole M. Banzhoff, Executive Director</i>	Date <i>3/28/14</i>
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The above plan of correction was approved by <u>SE</u> (Initials)	

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: January 31, 2014

### Plan of Correction

#### Violation Review:

- 2600.101(j)(7)- Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

#### Violation Interpretation Statement:

- At 3:20PM on 02/10/2014, the bed in Room #12 did not have a source of lighting that could be turned on/off from bedside.

#### Benefit of the regulation:

- Provides residents with sufficient light to move safely around their room in the dark, reducing the risk of falls and injury.

#### Prevention:

- Upon surveyor identification, environmental services director immediately returned resident nightstand and touch lamp to a location in the room that was adjacent to the bed and within reach of the resident.
- The remainder of resident rooms were audited on 2/11/14 for compliance with standard.
- All Team members will be in-serviced on 4/16/14, on the standard in 2600.101(j)(7), to understand the requirement and assist with compliance.
- Safety committee team members were in-serviced on 3/25/14 regarding the source of lighting standard. Alternative lighting solutions, such as night-lights near bedside, for future residents was discussed.

#### Responsibility:

- Team members are responsible for assuring that every resident be provided with a source of lighting than can be turned on/off from bedside.
- Environmental service director will audit monthly during physical plant rounds compliance with this standard.
- Executive director will randomly review monthly audits to determine trends or opportunities for improvement relative to this standard. If safety concerns exist for a resident, executive director is responsible for ensuring discussion take place via the facility safety committee.

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W. M. P. 3/28/14

Page 4B of 11

**Date for correction to be completed:**

- Resident rooms audited 2/11/14.
- Safety committee in-servicing took place 3/25/14.
- Team member in-service scheduled for 4/16/14.

SE  
W. M. Murphy 3/28/14

Violation Report: 30767 - 01/31/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 02/10/2014 at 3:55 PM, the reach-in refrigerator in the kitchen had a temperature of 45.0 degrees Fahrenheit. The temperature of the refrigerator at 4:05 PM was 50.0 Fahrenheit.

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 7-8 & Addendums #1  
 SA + SB of 11. - SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *William M. Pappalardo, LHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole M. Banzhoff, Executive Director* Date *3/28/14*

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

The above plan of correction is approved as of 5-1-14 (Date)

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

Plan of correction implementation status as of 5-1-14 (Date)

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: January 31, 2014

### Plan of Correction

#### Violation Review:

- 2600.103(f)- Food requiring refrigeration shall be stored at or below 40 F. Frozen food shall be kept at or below 0 F. Thermometers are required in refrigerators and freezers.

#### Violation Interpretation Statement:

- On 2/10/2014, at 3:55 PM, the reach-in refrigerator in the kitchen had a temperature of 45.0 degrees Fahrenheit. The temperature of the refrigerator at 4:05 PM was 50.0 Fahrenheit.

#### Benefit of the regulation:

- Ensures that foods are stored at safe temperatures.

#### Prevention:

- Refrigerator was monitored after surveyor departure. A reading of 32 degrees Fahrenheit was achieved by 5:35 PM with consistent closure of the refrigerator.
- Refrigerator in question has maintained a temperature of approximately 32 degrees Fahrenheit with no further concern for functionality.
- An additional thermometer was placed in the refrigerator. One is now located in the back of the refrigerator and one on the door.
- Team members were in-serviced on 3/19/14 regarding importance of keeping refrigerator closed at all times and limiting timeframe to which the door is left open to promote food storage at safe temperatures
- A temperature log is maintained at all times with the refrigerator and daily temperatures are logged by the food service team members. No additional instance for temperature concerns has resulted.

#### Responsibility:

- Team members responsible for proper access to refrigerator and limiting exposure to exterior temperatures for prolonged periods of time.
- Food service team members responsible for monitoring daily temperatures of the refrigerator.

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W. M. [Signature] 3/28/14

- Food service director responsible for review refrigerator temperature log on a regular basis to assure compliance with the standard.
- Any variance from the above standard for temperature will immediately be reported to the director of environmental services.

**Date for correction to be completed:**

- Compliance with the standard was achieved 3/19/14.

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W. M. Sampson 8 3/28/14

Violation Report: 30767 - 01/31/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

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

2a. DESCRIPTION OF VIOLATION

Resident #2 passed away on 01/30/2014. The following medications prescribed for Resident #2 were stored in the home on 02/10/2014:

- \*Risperdone .5mg
- \*Trazadone .5mg
- \*Acetaminophen 650mg
- \*Tamsulosin .4mg
- \*Aspirin 81mg

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 ~~9-10~~ and Addendum #2  
 6A + 6B of 11. -SE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/05/2013
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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 *3/28/14*

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

The above plan of correction is approved as of 5-1-14  
 (Date)

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

Plan of correction implementation status as of 5-1-14  
 (Date)

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: January 31, 2014

### 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:

- Resident #2 passed away on 01/30/2014. The following medications prescribed for Resident #2 were stored in the home on 02/10/2014:
  - \*Risperdone .5mg
  - \*Trazadone .5 mg
  - \*Acetaminophen 650mg
  - \*Tamsulosin .4mg
  - \*Aspirin 81 mg

#### Benefit of the Regulation:

- Ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.

#### Prevention:

- Medications for resident #2 were returned to the pharmacy on 2/14/14 when monthly change over took place.
- Director of resident care audited the remainder of the medication cart to assure compliance. No additional departed resident medications were identified.
- Nursing team members were in-serviced regarding this standard on 3/19/14.

#### Responsibility:

- Director of resident care services will inspect medication cart on the day of departure of a resident to assure medications have been removed and either destroyed and logged or staged for return to the pharmacy for credit.
- Director of resident care services responsible for ensuring that the medications designated for return to pharmacy will be processed and returned to pharmacy within a day of resident departure to comply with standard.
- Director of resident care and nursing team members responsible for compliance with this standard.

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W. M. [Signature] 3/28/14

Page 6B of 11

**Date for correction to be completed:**

- Compliance with this standard was achieved as of 3/19/14.

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3/28/14

Violation Report: 30767 - 01/31/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

On 02/10/2014, there were 2 containers, 4 ounces each, of Medline Remedy with Olivamine Calazime Skin Protectant Paste with Zinc Oxide found in the bathroom of Room #16 that were not labeled with the resident's name.

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 H and Addendum #2, #3 & #4  
 17 A of 11. - SE

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 3/28/14

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

The above plan of correction is approved as of 5-1-14  
 (Date)

Plan of correction implementation status as of 5-1-14  
 (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 1

License Number: 307670

Date: January 31, 2014

### Plan of Correction

#### Violation Review:

- 2600.184(b)- If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

#### Violation Interpretation Statement:

- On 02/10/2014, there were 2 containers, 4 ounces each, of Medline Remedy with Olivamine Calazime Skin Protectant paste with Zinc Oxide found in the bathroom of Room #16 that were not labeled with the resident's name.

#### Benefit of the regulation:

- It will be clear to the home's staff person's as to whom the OTC medication or CAM belongs.

#### Prevention:

- The above identified products were promptly removed from the resident's room, labeled and relocated to her resident toiletry caddy located in a secure location.
- Remainder of resident rooms were audited by director of resident care services and team members to assure that products of similar nature were not identified.
- Team members in-serviced 3/19/14 regarding importance of labeling OTC medications and CAM belonging to residents for proper identification.
- Family members educated via family meeting forum on 3/25/14.
- A general label was developed that includes resident name, instructions to look at MAR for dosage orders and date opened for team members to label all non-labeled items.

#### Responsibility:

- Director of resident care services will monitor all returned resident belongings from hospital for compliance.
- Director of resident care services will also audit for labeling of OTC medications.
- Nursing team members will be responsible for compliance and director of resident care services will monitor with a medication cart/MAR audit tool on a regular basis.

#### Date for correction to be completed:

- Compliance with the above standard was achieved as of 3/25/14.

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[Signature] 11  
3/28/14

Violation Report: 30767 - 01/31/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

**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.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for Resident #1 did not have a diagnosis or purpose for the resident's Synthroid 125 mcg.

**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 12-13 & Addendum #2 #4 & #5  
 8A + 8B of 11. - *EE*

Repeat Violation: Yes

Date(s) of Previous Violation(s): 02/05/2013

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 3/28/14

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

The above plan of correction is approved as of 5-1-14  
 (Date)

Plan of correction implementation status as of 5-1-14  
 (Date)

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

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: January 31, 2014

### 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 #1 did not have a diagnosis or purpose for the resident's Synthroid 125 mcg.

#### 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:

- Medication was label with a purpose/diagnosis per DME diagnosis immediately after violation was cited on 2/10/14.
- Director of resident care services will review all MARS prior to dispersing them for administration and documentation purposes. Nursing Team members will review again before placing in MAR binders.
- Nursing team members were in-serviced on 3/19/14 regarding this standard and deficient practice.

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*[Signature]* 3/28/14

**Responsibility:**

- Director of resident care services and nursing team members will be responsible for monitoring daily for any missed doses and report to pharmacy for correction on the next months MARS.
- 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:**

- Compliance with this standard is effective as of 3/19/14.

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13  
W. J. M. P. 3/28/14

Violation Report: 30767 - 01/31/2014 - Rouse, McKinley  
 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  
 -Resident #3 was admitted to the secure dementia care unit on 04/19/2013. The resident's assessment, dated 4/20/2013, states, "The resident is independently mobile."  
 -Resident #4 was admitted to the secure dementia care unit on 08/30/2013. The resident's assessment, dated 9/1/2013, states, "Resident is independently mobile."

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 ~~14-15~~  
 9A + 9B of 11. -SE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/01/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nicole M. Ranzhoff*, LNHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole M. Ranzhoff, Executive Director</i>	Date <i>3/28/14</i>
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The above plan of correction is approved as of <u>5-1-14</u> (Date)	Plan of correction implementation status as of <u>5-1-14</u> (Date)
The above plan of correction was approved by <u>SE</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 1

License Number: 307670

Date: January 31, 2014

### 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:

- Resident #3 was admitted to the secure dementia care unit on 04/19/2013. The resident's assessment, dated 4/20/2013, states, "The resident is independently mobile."
- Resident #4 was admitted to the secure dementia care unit on 08/30/2013. The resident's assessment, dated 9/1/2013, states, "Resident is independently mobile."

#### Benefit of the regulation:

- Assessing a resident's mobility needs benefits 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:

- On 2/17/14, Director of resident care spoke with primary care physician for Resident #3 and #4 to update DME and RASP for mobility needs and implications of the cognitive status in determining immobility.
- Remainder of resident population DME and RASP was assessed by director of resident care for compliance with this standard.

#### Responsibility:

- Prior to renewing and or accepting a new DME, the director of resident care, marketing director, and executive director will review all DME before admission to assure that the correct information is selected on DME. Any errors identified at the time will be returned to be corrected before admission of a resident.
- Director of resident care, director of marketing, and executive director will be responsible for reviewing all DME's and prescreen prior to admission. Nursing team members will review during chart audit monthly.

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14  
W. M. [Signature] 3/28/14

Page 9B of 11

- Executive Director is responsible for auditing monthly compliance with this standard.

**Date for correction to be completed:**

- Facility is in compliance with this standard effective 3/25/14.

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W. M. Brump / 3/28/14

Violation Report: 30767 - 01/31/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

**1. REGULATION 55 Pa.Code §2600**

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

-The date that the medical evaluation took place for Resident #3, admitted on 11/05/2012, was not recorded, nor was a diagnosis of Alzheimer's disease or dementia included on the form.

-The medical evaluation for Resident #5, dated 01/03/2014, admitted on 01/06/2014, does not document the resident's need for a secure dementia care unit.

**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 ~~16-17~~ & Addendum #5  
 - 10 A + 10 B of 11. - ee

Repeat Violation: No	Date(s) of Previous Violation(s):	
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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 *3/28/14*

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

The above plan of correction is approved as of 5-1-14  
 (Date)

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

Plan of correction implementation status as of 5-1-14  
 (Date)

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

Facility Name: Magnolias of Chambersburg, Building 1  
License Number: 307670  
Date: January 31, 2014

### Plan of Correction

#### Violation Review:

- 2600.231(b)- A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

#### Violation Interpretation Statement:

- The date that the medical evaluation took place for Resident #3, admitted on 11/05/2012, was not recorded, nor was a diagnosis of Alzheimer's disease or dementia included on the form.
- The medical evaluation for Resident #5, dated 01/03/2014, admitted on 01/06/2014, does not document the resident's need for a secure dementia unit.

#### Benefit of the regulation:

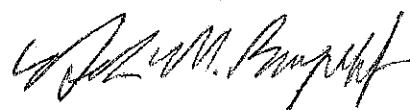
- Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessment and support plans, and ensures that residents' medical needs will be met.

#### Prevention:

- On 2/3/14 and 2/7/14, the DME was corrected per primary care physician for resident #3 and #5. DME's were updated to reflect that resident did have a special need for secure dementia care unit.
- Prior to renewing and or accepting a new DME, director of resident care services, marketing director, and executive director will review all DME before admission to assure that the correct information is selected on DME.

#### Responsibility:

- Director of resident care services, director of marketing, and executive director will be responsible for reviewing all DME's and prescreens prior to admission.
- Nursing team members will review for standard compliance during chart audit monthly.

*BE*  
  
16  
3/28/14

Page 10B of 11

**Date for correction to be completed:**

- Facility is in compliance with this standard effective 3/25/14.

9E  
17  
W. M. August 3/28/14

Violation Report: 30767 - 01/31/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

**1. REGULATION 55 Pa.Code §2600**

2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

**2a. DESCRIPTION OF VIOLATION**

The support plan, dated 01/07/2014, for Resident #5, was not signed by the resident, nor does it indicate whether the resident refused or was unable to sign the support plan.

**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 ~~18-19~~ + Addendum #5  
 11A + 11B of 11. - 2e

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 3/28/14

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

The above plan of correction is approved as of 5-1-14  
 (Date)

Plan of correction implementation status as of 5-1-14  
 (Date)

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

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

Facility Name: Magnolias of Chambersburg, Building 1

License Number: 307670

Date: January 31, 2014

### Plan of Correction

#### Violation Review:

- 2600.234(e)- The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

#### Violation Interpretation Statement:

- The support plan, dated 01/07/2014, for Resident #5, was not signed by the resident, nor does it indicate whether the resident refused or was unable to sign the support plan.

#### Benefit of the regulation:

- Having a resident and/or designated person participate in the development and implementation of the support plan helps to provide crucial detailed information about the specific resident which can assist the home in developing a specific plan as to how it will meet the needs of the resident identified in the assessment.

#### Prevention:

- The support plan for resident #5 included a signature of the resident and family member, however it was checked that the resident was unable to sign.
- No implementation was done to change the fact that the resident had signed the support plan. An error was drawn through the unable to sign mark on support plan on 3/1/14.
- Remainder of support plans for facility residents were audited for compliance with this standard.
- Facility recognizes the importance of having a resident and/or designated person participate in the development of a support plan. A chart audit has been developed to ensure the signature on the support plans are not missed in the future and the document is properly completed if necessary to include unable to sign.

#### Responsibility:

- Audits will be completed on a monthly basis by director of resident care services or designee.

GC

*W. M. Pappas* 18  
3/28/14

Page 11 B of 11

- Director of resident care services will review support plan before placing them in resident's charts for compliance.

**Date for correction to be completed:**

- Compliance with the standard is effective 3/5/14.

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W. M. Sampson 3/28/14