



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 1 2 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 2
745 Norland Avenue
Chambersburg, Pennsylvania 17201
License #: 307690

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 December 31, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 30769 - 01/31/2014 - Rouse, McKinley
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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 ~~20-21~~ 2A + 2B of 7. - SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten 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)

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 2

License Number: 307690

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:
 8. Evacuation procedures.
 9. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 10. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 11. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 12. The location and use of fire extinguishers.
 13. Smoke detectors and fire alarms.
 14. 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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[Signature] 20
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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W. Robert M. Campbell 3/28/14

Violation Report: 30769 - 01/31/2014 - Rouse, McKinley
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's fire safety letters, dated 11/6/2012 and 10/24/13, designate a maximum safe evacuation time of 12 minutes, but the evacuation time for the fire drill conducted on 04/23/2013, was 14 minutes and 10 seconds.

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 22 3A of 7. - SE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/04/2013	11/02/2012
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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!

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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 2

License Number: 307690

Date: January 31, 2014

Plan of Correction

Violation Review:

- 2600.132(d)- Residents shall be able to evacuate the entire building to a public thorough fare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

Violation Interpretation Statement:

- The home's fire safety letters, dated 11/6/2012 and 10/24/13, designate a maximum safe evacuation time of 12 minutes, but the evacuation time for the fire drill conducted on 04/23/2013, was 14 minutes and 10 seconds.

Benefit of the regulation:

- Evacuation within the maximum evacuation time prevents fire-related death and injury.

Prevention:

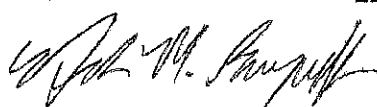
- As presented to the surveyor during the survey process, facility conducted a re-drill on 5/1/13 at 5:33AM. Time to evacuate was 11 minutes and 39 seconds and met the requirement for timely evacuation per the 12 minute evacuation time set by the fire safety expert.
- This was the only drill for the calendar year of 2013 on the third shift That did not comply with the standard.
- Any additional drills resulting in time deadline not being met will be discussed at facility safety committee for recommendations and review.

Responsibility:

- Environmental service director responsible for ensuring compliance with this standard.
- Executive director will review the drills on a monthly basis to determine if an additional drill is necessary. Where possible the re-drill will be expedited to comply with same month expectation.
- Team members are responsible for safe and timely evacuation of all residents.

Date for correction to be completed:

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

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 3/28/14

Violation Report: 30769 - 01/31/2014 - Rouse, McKinley
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 There is no exit sign for the door leading from the "Aviary Room" to the outside.

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 23-4 A of 7. - BE

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* LNWA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole M. Banzhoff, Executive Director	Date 3/28/14
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The above plan of correction was approved by <u>BE</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 2

License Number: 307690

Date: January 31, 2014

Plan of Correction

Violation Review:

- 2600.133 (a)(1)- If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Violation Interpretation Statement:

- There is no exit sign for the door leading from the "Aviary Room" to the outside.

Benefit of the regulation:

- Large homes (i.e., serving more than eight people) have hallways and rooms that may visually obstruct exit paths. Labeling exit paths helps people escape during a fire or other emergency.

Prevention:

- Upon surveyor identification, an exit sign was immediately hung in a prominent location by the door leading from the "Aviary Room" to the outside.
- All exit doors from the building to the exterior were audited to assure compliance with this standard.

Responsibility:

- Environmental services director as the fires safety and emergency preparedness trainer shall be responsible for compliance with this standard.
- Executive director will randomly monitor this standard via participation in the drill and evacuation process to determine ongoing compliance. In addition, executive director will audit this standard while conducting monthly physical plant rounds. Identified concerns for compliance will be immediately addressed.

Date for correction to be completed:

- Compliance with this standard will be achieved by 3/28/14.

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W. J. [Signature] 23
3/28/14

Violation Report: 30769 - 01/31/2014 - Rouse, McKinley
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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's Glipizide, 5 mg tablet, was not initialed as having been given on 12/20/2013.

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 24-25 + Addendum # 2, 4, 5
 SA + SB of 7. - & E

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

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Facility Name: Magnolias of Chambersburg, Building 2

License Number: 307690

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's Glipizide, 5mg tablet was not initialed as having been given on 12/20/2013.

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:

- Director of resident care services reviewed immediately remainder of MAR documents for residents to affirm no other errors in documentation were present requiring clarification.
- Nursing team members educated regarding responsibility to review the MAR at the end of each shift for any identified documentation concerns. Oncoming shift is also responsible for reviewing previous shifts efforts towards compliant documentation.

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W. M. Pappas 3/28/14

- If an identified documentation opportunity has been missed, it is the responsibility of the person finding the error to contact the associated team member who missed initialing to clarify medication administration occurred.

Responsibility:

- The director of resident care is responsible for conducting a weekly MAR audit.
- The nursing team member is responsible for daily auditing for compliance.

Date for correction to be completed:

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

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William M. Campbell

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3/28/14

Violation Report: 30769 - 01/31/2014 - Rouse, McKinley
 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

The medication administration record for Resident #2's blood sugar level was 208 on 02/08/2014, at 8:00 AM. The insulin sliding scale for Resident #2 reads that the resident is to receive 3 units of insulin when the resident's blood sugar is 208, but the resident only received 2 units of insulin.

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 26 + Addendum #2 #4, #6
 6A of 7. -SE

Repeat Violation: Yes

Date(s) of Previous Violation(s):

02/04/2013

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!

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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 2

License Number: 307690

Date: January 31, 2014

Plan of Correction

Violation Review:

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

Violation Interpretation Statement:

- The medication administration record for Resident #2's blood sugar level was 208 on 02/08/2014, at 8:00AM. The insulin sliding scale for Resident #2 reads that the resident is to receive 3 units of insulin when the resident's blood sugar is 208, but the resident only received 2 units of insulin.

Benefit of the regulation:

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

Prevention:

- Nursing team member responsible for the insulin administration was educated regarding standard and physician order.
- All nursing team members were educated on 3/19/14 to ensure that residents receive medications and treatments as ordered by the physician.
- Nursing team members will perform a triple check before administration of medications.

Responsibility:

- Medication assistant responsible for management of medication.
- Director of resident care is responsible for monitoring administration of sliding scale insulin during weekly MAR audits.
- Nursing team members and director of resident care services responsible for monitoring sliding scale insulin administration daily/weekly for compliance.

Date for correction to be completed:

- Staff in-servicing will be complete and audit in place by 4/1/14.

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W. H. Huff 3/28/14 26

Violation Report: 30769 - 01/31/2014 - Rouse, McKinley
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1, received physical and occupational therapy evaluations on 07/18/2013; and orders for physical and occupational therapy to be performed once or twice a week for 4 to 6 weeks. The resident's support plans, dated 11/01/2012 and the most recent, dated 10/25/2013, do not address the resident's need of physical and occupational therapy.

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 ~~27-28~~ 7A + 7B of 7-2e

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*

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Facility Name: Magnolias of Chambersburg, Building 2

License Number: 307690

Date: January 31, 2014

Plan of Correction

Violation Review:

- 2600.227(d)- Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

Violation Interpretation Statement:

- Resident #1 received physical and occupational therapy evaluations on 07/18/2013; and orders for physical and occupational therapy to be performed once or twice a week for 4 to 6 weeks. The resident's support plans, dated 11/01/2012 and the most recent, dated 10/25/2013, do not address the resident's need of physical and occupational therapy.

Benefit of the regulation:

- Ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.

Prevention:

- Resident RASP updated on 2/18/14 to include physical/ occupational therapy regimen.
- Director of resident care has orchestrated a working calendar of dates for RASP review's and updates on a monthly basis.

Responsibility:

- Director of resident care services is responsible for preventing future violations by review of all resident RASPs on a monthly basis.
- Director of resident care services will also work with primary care physicians and family regarding any service need changes and update accordingly.
- Executive director will randomly audit appropriate completion of the support plans.

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W. M. Pappas 3/28/14

Page 7B of 7

Date for correction to be completed:

- Future resident support plans will accurately document how a resident's needs will be met by 3/1/14.

gr

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W. M. Pappuff 3/28/14