



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2015

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

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

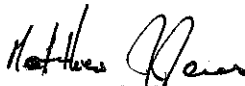
Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on January 27, 2015 and January 28, 2015 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, 2015 to March 29, 2016 was issued on March 25, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

FCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1		License Number: 30767
Address: 735 NORLAND AVENUE, CHAMBERSBURG, PA 17201		County: Franklin
Adminlstrator: Susan Taylor		Region: CENTRAL
Legal Entity Name: TITHONUS CHAMBERSBURG LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy C-2 LP 03/06/1998 Labor and Industry		
Staffing Hours Resident Support: NM Total Daily Staff: 46 Waking Staff: 35		
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/28/2015: OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED MAR 31 2015 CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 26 Number of Residents Served: 23 Secured Dementia Care Unit in Home: Yes Area: Entire Building Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 1	

Susan Taylor 3/31/15

Violation Report: 30767 - 01/28/2015 - OPake, Hope
PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa. Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's last medical evaluation was completed on January 19, 2015. The previous medical evaluation was completed on December 2, 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.

See attached - PAGE 2-A

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Ducan Taylor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ducan Taylor* Date *3/31/15*

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

The above plan of correction is approved as of <u>3/31/15</u> (Date)	Plan of correction implementation status as of <u>3/31/15</u> (Date)
The above plan of correction was approved by <u><i>DT</i></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