



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

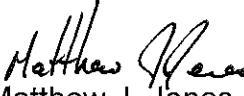
Dear Ms. Putzier:

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  
SW

Enclosure  
License Inspection Summary



Violation Report: 30769 - 01/27/2015 - OPake, Hope  
PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600  
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
The pre-admission screening form for Resident #1, admitted November 11, 2014, is dated September 24, 2014.

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)

*Susan Taylor*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Susan Taylor*

Date: *3/31/15*

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

The above plan of correction is approved as of

*3/31/15*  
(Date)

Part of correction implementation status as of

*3/31/15*  
(Date)

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

The above plan of correction was approved by

*ST*  
(Initials)