



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 23, 2015

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

RE: Magnolias of Lancaster
1870 Rohrestown Road
Lancaster, Pennsylvania 17601
Certificate #: 322590

Dear Ms.Putzier:

As a result of the Department of Human Services' licensing inspections on August 26, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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, appearing to read "Brett Swanger", written over a horizontal line.

Brett Swanger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 32259 - 08/26/2015 - Bomberger, Cybil
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 7/23/15, 7/25/15, and 7/31/15, staff person A administered medications to residents. Staff person A, not a medical professional, completed her initial medication administration training on 4/24/14, but had not completed ~~her~~ annual medication training practicum.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

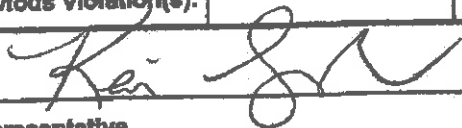
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED
 2A & 2B

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

KEVIN CYSYK - REGIONAL DIR. of OPERATIONS

Date

9/18/15

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The above plan of correction is approved as of

9/22/15
 (Date)

Plan of correction implementation status as of

9/22/15
 (Date)

The above plan of correction was approved by

BAS
 (Initials)

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

PLAN OF CORRECTION

Community Name: Tithonus Lancaster LP d/b/a Magnolias of Lancaster

License Number: 322590

Date of Visit: August 26, 2015

Date of Submission: September 18, 2015

1. **Violation Review: 2600.182.(b)-** Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 - (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 - (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 - (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 - (4) A staff person who has completed the medication administration training as specified in 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2. **Violation Interpretative Statement:** On 7/23/15, 7/25/15, and 7/31/15, staff person A administered medications to residents. Staff person A, not a medical professional, completed initial medication administration training on 4/24/14, but had not completed her annual medication training practicum.

3. **Review the benefit of the Regulation, per RCG:** Ensures that medication will be administered safely and in accordance with best practices by trained professionals.

4. **Description of the Repair of the Immediate Problem:** Staff person A was immediately removed from the schedule to administer medication until the Trainer was able to complete the required paper work after the Practicum Observer submitted her observations. Training was completed on 8/28/15 (documentation attached).

5. **Determine / document the Root Cause of the Violation:** Lack of implementing a system for tracking observation due dates .

6. **Detail Action Steps / System Developed to prevent future occurrence:** DRCS will be responsible to review the MA training binder monthly to ensure that all observations required

Authorized Signature Kevin Cysyk Date: 9/18/15

are completed per DHS schedule. Executive Director will also audit the MA training binder monthly to verify compliance.

7. Designated position responsible and specify target date for correction. DRCS will be responsible for audits, violation corrected on 8/28/15. Immediate and ongoing.

Authorized Signature _____



Date: _____

9/18/15

Plan of Correction Template

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Kevin Cysyk Regional Dir of operations

ADM040

Violation Report: 32259 - 08/26/2015 - Bomberger, Cybil
 PCH Name: MAGNOLIAS OF LANCASTER

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 does not include the diagnosis or purpose for the medication for the prescribed 10mg Donepezil and 7mg Namenda XR.

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
 3A & 3B

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

KEVIN CYSUK Regional Dir of Operations

Date

9/18/15

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The above plan of correction is approved as of 9/22/15
 (Date)

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

Plan of correction implementation status as of 9/22/15
 (Date)

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

PLAN OF CORRECTION

Community Name: Tithonus Lancaster LP d/b/a Magnolias of Lancaster

License Number: 322590

Date of Visit: August 26, 2015

Date of Submission: September 18, 2015

1. **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 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.

2. **Violation Interpretative Statement:** The medication administration record for resident #1 does not include the diagnosis or purpose for the medication for the prescribed 10mg Donepezil and 7mg Namenda XR.

3. **Review the benefit of the Regulation, per RCG:** The home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

4. **Description of the Repair of the Immediate Problem:** Pharmacy was immediately notified to add the diagnosis of Dementia to both the Donepezil 10mg and the Namenda XR 7mg. It was confirmed by the Executive Director that this has been completed on the day that the violation was noted.

Authorized Signature _____

 Kevin Cysik


Date: 9/18/15

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5. **Determine / document the Root Cause of the Violation:** Medication Assistants did not verify that all medications had a diagnosis listed on the MAR.

6. **Detail Action Steps / System Developed to prevent future occurrence:** The 11-7 MA will be responsible for auditing the Electronic Medication Administration Record when new medications are added to ensure that all diagnoses are listed in the box with the medications. Medication Assistants will be retrained regarding the requirement that a diagnosis must be listed for all medications and to report missing information if observed. DRCS will run a report monthly to verify that all medications are accompanied by a diagnosis on the eMAR system.

7. **Designated position responsible and specify target date for correction.**
Medication Assistants were retrained regarding the need to report missing diagnoses on MAR to DRCS on 8/28/15. Once the DRCS receives the notification, the diagnosis will be verified by physician and the pharmacy will be notified to add the proper diagnosis to the MAR system. Monthly MAR review process to be completed by DRCS beginning September 1, 2015.

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Date: 9/18/15

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REGINA DR. OF APRENTICES

Violation Report: 32250 - 08/26/2015 - Bomberger, Cybil
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was not administered the prescribed Citalopram 10mg tablet on 8/2/15.

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
 4A & 4B

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Cyslik Regional Dir of Operations</i>	Date <i>9/18/15</i>
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The above plan of correction is approved as of <u>9/22/15</u> (Date)	Plan of correction implementation status as of <u>9/22/15</u> (Date)
The above plan of correction was approved by <u>[Handwritten Initials]</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

PLAN OF CORRECTION

Community Name: Tithonus Lancaster LP d/b/a Magnolias of Lancaster

License Number: 322590

Date of Visit: August 26, 2015

Date of Submission: September 18, 2015

1. **Violation Review:** 2600.187(d)- The home shall follow the directions of the prescriber.
2. **Violation Interpretative Statement:** Resident #1 was not administered the prescribed Citalopram 10mg tablet on 8/2/15.
3. **Review the benefit of the Regulation, per RCG:** Ensures that residents receive medications and treatments as ordered by a physician.
4. **Description of the Repair of the Immediate Problem:** Executive Director contacted Pharmacy to inquire as to why there would be an empty block in the MAR for the Citalopram 10mg on 8/2/15. Pharmacy researched their records and reported that an alert notification that the med was not scanned as given was not acted upon.
5. **Determine / document the Root Cause of the Violation:** Failure to answer alerts during a shift, failure to check dashboard on eMAR prior to completing shift to ensure that all med passes were complete.
6. **Detail Action Steps / System Developed to prevent future occurrence:** The DRCS will monitor med passes using the Dashboard on the eMAR to ensure that all med passes were completed and that no meds or treatments have been missed. Each shift will be responsible for printing off the report at the end of every shift indicating that the med pass was 100% complete. This will be given to the DRCS and kept in a binder for reference and a double check to ensure that no meds or treatments were missed.

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Date: _____

9/18/15

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7. Designated position responsible and specify target date for correction. DRCS, MA on each shift, Immediate and ongoing. Executive Director will complete periodic audits until a pattern of compliance can be established.

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Date: 9/15/15

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Kevin Cysur

Regional Dir. of Operations

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