



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 17, 2016

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
745 Norland Avenue
Chambersburg, Pennsylvania 17201
Certificate: 307670

Dear Ms Putzier:

As a result of the Department of Human Services' licensing inspection on September 3, 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.

Sincerely,

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 30767 - 09/03/2015 - Hoover, Douglas
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BLDG 1

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit. #1

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia care unit (SDCU) on [redacted] 14. The cognitive preadmission screening was completed on [redacted] 14, more than 72 hours prior to admission. #2

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 Plan of Correction attached

Page 2 A of 3. -82

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sheila C. O'Gara

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

Sheila C. O'Gara

Date 9/28/15

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

The above plan of correction is approved as of 3-17-16
 (Date)

Plan of correction implementation status as of 3-17-16
 (Date)

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

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

PLAN OF CORRECTION

Community Name: Tithonus Chambersburg - d/b Magnolias of Chambersburg

Date of Visit: September 3, 2015

Date of Submission: September 25, 2015

BE

1. **Violation Review:** Regulation 2600.2319(c) – A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.
2. **Violation Interpretative Statement:** Resident #1 was admitted to the secured dementia care unit (SDCU) on [redacted] 2014. The cognitive preadmission screening was completed on [redacted] 2014, more than 72 hours prior to admission.
3. **Review the benefit of the Regulation, per RCG:** It is important that a person find a home that can provide the services (s)he needs; completing a written cognitive preadmission screening in collaboration with a physician or a geriatric assessment team prior to admission to the secured dementia care unit helps both the resident and home establish what kinds of services the resident needs.
4. **Description of the Repair of the Immediate Problem:** All current resident charts will be audited to verify compliance.
5. **Determine / document the Root Cause of the Violation:** Upon admission the team member failed to ensure that the cognitive pre-admission screening tool was completed within the proper time frame of 72 hours prior to admission.
6. **Detail Action Steps / System Developed to prevent future occurrence:** The Executive Director or designee will review all cognitive pre-admission screenings for all residents prior to moving into the SDCU, to verify completion no more than 72 hours prior to admission. The Executive Director, the Director of Resident Care and the Marketing Director will meet no later than Friday, October 3, 2015 to review admission procedures.
7. **Designated position responsible and specify target date for correction.** Audit will be completed by the Executive Director and Director of Marketing by Friday, October 25, 2015.

Authorized Signature Shirley C. O'Gara, NHA, PCA, MA Date: 9/28/15

Violation Report: 30767 - 09/03/2015 - Hoover, Douglas
PCH Name: MAGNOLIAS OF CHAMBERSBURG BLDG 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

Resident #1, admitted [redacted] 14, and the designated person were not involved in the development and revisions of the support plans dated 4/19/14 and 4/7/15.

Resident #2, admitted [redacted] 15, and the designated person were not involved in the development and revision of the support plan dated 8/5/15.

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.

See attached Pages 3A + 3B of 3. - SE

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

Signature of Legal Entity Representative (Required on EVERY Page) Sheila C O'Gara

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sheila C O'Gara Date 9/28/15

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

The above plan of correction is approved as of 3-17-16 (Date)

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

Plan of correction implementation status as of 3-17-16 (Date)

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

Community Name: Tithonus Chambersburg - d/b Magnolias of Chambersburg

Date of Visit: September 3, 2015

Date of Submission: September 25, 2015

JE

1. **Violation Review:** Regulation 2600.234(e) – The resident or the resident’s designated person shall be involved in the development and the revisions of the support plan.

2. **Violation Interpretative Statement:** Resident #1 was admitted on [redacted] 2014, and the designated person was not involved in the development and revisions of the support plans dated 4/19/2014 and 4/7/2014.

Resident #2, admitted [redacted] 2015 and the designated person were not involved in the development and revision of the support plan dated 8/5/2015.

3. **Review the benefit of the Regulation, per RCG:** 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.

4. **Description of the Repair of the Immediate Problem:** For resident #1 and resident #2. The Executive Director will set up meetings to review the respective support plans by Friday, October 3, 2015. Executive Director will also review all other resident charts to ensure compliance. For any residents found not to be in compliance, support plans will be reviewed with designated persons.

5. **Determine / document the Root Cause of the Violation:** A double check system was not in place to verify compliance with regulations and company policy.

6. **Detail Action Steps / System Developed to prevent future occurrence:** Director of Resident Care will collaborate with the resident and designated party in the completion of the support plan. This collaboration will be verified by signature of resident and/or designated party. The Executive Director or designee will review support plan to ensure compliance.

7. **Designated position responsible and specify target date for correction:** For resident #1 and resident #2, the Executive Director will set up meetings to review the respective support plans by October 3, 2015.

Authorized Signature Shirley C. O'Quinn, NHA, PCA, MA Date: 9/28/15

7. (continued) Effective immediately, on the day a Resident Support Plan is completed, the Director of Resident Care will have resident/family involved. If unable to meet in person, a completed RASP will be shared via mail. This procedure is effective immediately and ongoing.

DC

Authorized Signature Shirley L O'Gara, NHAPCA, MA

Date: 9/28/15

Plan of Correction Template

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