



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 18, 2016

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 inspection on November 2, 2015 and November 4, 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.

The 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,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32259 - 11/02/2015 - Springs, Israel
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The fire drill log showed a sleep time fire drill was held on 2/25/15 and the next recorded sleep time drill was held seven months later on 9/15/15.

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 Plan of Correction
 Labeled #1 2A and 2B
 BAS
 12/11/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Heather Miller*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Heather Miller, Executive Director* Date *12/3/15*

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

The above plan of correction is approved as of 12/11/15
 (Date)

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

Plan of correction implementation status as of 2/18/16
 (Date)

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



PLAN OF CORRECTION TEMPLATE

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

License Number: 32259 *Nov 4 M*

Date of Visit: November 2nd and November 5th, 2015

Date of Submission:

1. **Violation Review: 2600.132(e)-** A fire drill shall be held during sleeping hours once every 6 months.

2. **Violation Interpretative Statement:** The fire drill log showed a sleep time fire drill was held on 2/25/15 and the next recorded sleep time drill was held seven months later on 9/15/15.

3. **Review the benefit of the Regulation, per RCG:** It is critical to practice response and evacuation while residents are asleep, since an individual's response time and actions when waking from sleep is reduced, and because most fire deaths occur during sleeping hours.

4. **Description of the Repair of the Immediate Problem:**
This was immediately addressed in September during an internal audit, and a sleep time fire drill was performed on 9/15/15.

5. **Determine / document the Root Cause of the Violation:**
Failure to audit fire logs

Authorized Signature *Lawrence Miller*

Date: *12/3/15*

Violation Report: 32259 - 11/02/2015 - Springs, Israel

PGH Name: MAGNOLIAS OF LANCASTER

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 most recent medical evaluation was completed on 9/22/15. The previous medical evaluation was completed more than one year prior, on 9/3/14.

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 a Hatched Plan of Correction

Labeled # 3A and 3B

BAS 12/11/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Miller

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

Heather Miller, Executive Director

Date *12/3/15*

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The above plan of correction is approved as of

12/11/15
(Date)

Plan of correction implementation status as of

2/18/16
(Date)

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

The above plan of correction was approved by

BAS
(Initials)

7. Designated position responsible and specify target date for correction: DRCS update tickler system and monitor it ongoing.

See attached forms
(E-G)

Authorized Signature Heather Miller

Date: 12/2/15

Plan of Correction Template

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ADM040

Violation Report: 32259 - 11/02/2015 - Springs, Israel
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The home did not complete an updated assessment identifying the change in needs for Residents #1, #3, and #4 requiring one to one assistance for feeding.

The home did not complete an updated assessment for Resident #1 documenting the resident's need for increased staff assistance during care due to a heightened level of anxiety.

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 plan of correction
 labeled #23 4A and 4B
 BAS 12/11/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heather Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Miller, Executive Director* Date *12/3/15*

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

The above plan of correction is approved as of <u>12/11/15</u> (Date)	Plan of correction implementation status as of <u>2/18/16</u> (Date)
The above plan of correction was approved by <u>BAS</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



PLAN OF CORRECTION TEMPLATE

Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 11/2/15 and 11/4/15

Date of Submission: 12/3/2015

- 1. **Violation Review: 2600.225 C** The resident shall have additional assessments as follows:
 - (1) **Annually**
 - (2) **If the condition of the resident significantly changes prior to the annual assessment.**
 - (3) **At the request of the Department upon cause to believe that an update is required.**

- 2. **Violation Interpretative Statement:** The home did not complete an updated assessment identifying the change in needs for Residents #1, #3 and #4 requiring one to one assistance for feeding.

The home did not complete an updated assessment for Resident #1 documenting the resident's need for increased staff assistance during care due to a heightened level of anxiety.

- 3. **Review the benefit of the Regulation, per RCG:** A person with dementia has rapidly changing mental health and physical needs; a current assessment-support plan can help to specify how the home will meet the needs of the resident identified in the assessment. It is critical that the home immediately revise the support plan after a significant change to address life safety issues and/or changing needs.
- 4. **Description of the Repair of the Immediate Problem:** DRCS marked the assessment for Resident #1 documenting the residents increased anxiety during care and need for increased staff assistance during heightened level of anxiety. DRCS marked the assessment for Resident #1, #3 and #4 to indicate the need for one to one assistance for feeding.
- 5. **Determine / document the Root Cause of the Violation:** Lack of a process that communicates to the DRCS any changes to a resident's need for feeding assistance or a change in the required staff necessary to care for a resident during an episode of heightened anxiety.

Authorized Signature Heather Miller

Date: 12/3/15

6. **Detail Action Steps / System developed to prevent future occurrence:** In this instance, a Physician Notification Form was filled out by a Grane Hospice Nurse indicating the increased anxiety (see attached form Letter A) that required increased staff assistance during care due to a heightened level of anxiety. The form was not forwarded to the DRCS for review in order for proper documentation of the assessment to be completed. The Physician Communication Form was updated to include the signature of the DRCS after its review (see attached form Letter B). It now also indicates whether it was sent from a Hospice staff member versus a Magnollas staff member. After the form is faxed to the physician, it is forwarded the same day to the DRCS who will sign and date the form upon review of it and make any necessary changes to the assessment.

The lack of a process to communicate changes to a resident's need for feeding assistance has been corrected by adding a section to the Notification of Diet Change Form (see attached form Letter C). This section will be used to notify the DRCS of the need for a feeding assistance evaluation. This form is filled out by the Food Service or Wellness Staff and forwarded to the DRCS for review. The DRCS is required to initial the form upon completion of the resident's evaluation. At such time, the resident's Assessment will be updated as necessary.

7. **Designated position responsible and specify target date for correction:** DRCS will be responsible to ensure that the processes implemented above are being followed ongoing. Hospice and Medication Assistants on staff will be trained by the DRCS on the above procedure by 12/7/15.

Authorized Signature

Heather Miller

Date:

12/13/15

Violation Report: 32269 - 11/02/2015 - Springs, Israel
 PCH Name: MAGNOLIAS OF LANCASTER

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

The assessment and support plan for Residents #1, #2, and #3 indicate the residents have a need for Hospice services. The assessment and support plans for Residents #1, #2, and #3 do not provide any contact information for the agency providing hospice services nor provide details of what services will be completed by the hospice workers.

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 plan of correction #4
 5A and 5B
 BAS
 12/11/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Leather Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leather Miller, Executive Director</i>	Date <i>12/3/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/11/15
 (Date)

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

Plan of correction implementation status as of 2/18/16
 (Date)

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

6. **Detail Action Steps / System developed to prevent future occurrence:** DRCS will be responsible for documenting Hospice contact information on all assessments and support plans for any residents receiving hospice services. DRCS will also be responsible for providing details of what services will be completed by the hospice workers on both forms.

To ensure compliance with this regulation, the DRCS will do a monthly audit of assessments and support plans for any resident receiving hospice services to ensure hospice contact information and services completed by hospice workers is detailed in both. DRCS will complete the attached form (form Letter D) as proof of the audit, which will be retained and replaced annually by the DRCS.

7. **Designated position responsible and specify target date for correction:** DRCS immediate and ongoing.

Authorized Signature _____

Stephen Muller

Date: _____

12/3/15

Plan of Correction Template

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ADM040

Violation Report: 32259 - 11/02/2015 - Springs, Israel

PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

The home did not complete an updated support plan documenting that Residents #1, #3, and #4 require extensive one to one assistance for feeding.

The home did not complete an updated support plan for Resident #1 documenting that, at times, the resident requires the assistance of four staff to provide care due to the resident's level of anxiety. As reported by the home to the resident's physician on 10/16/15.

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 plan of correction #15
GA and 6B
BAS
12/11/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Miller

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

Heather Miller, Executive Director

Date 12/13/15

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The above plan of correction is approved as of 12/11/15
(Date)

Plan of correction Implementation status as of 2/15/16
(Date)

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

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



Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 11/2/15 and 11/4/15

Date of Submission: 11/30/2015

1. **Violation Review: 2600.234(d)** The support plan shall be revised at least annually and as the resident's condition changes.
2. **Violation Interpretative Statement:** The home did not complete an updated support plan documenting that Residents #1, #3 and #4 require extensive one to one assistance for feeding. The home did not complete an updated support plan for Resident #1 documenting that, at times, the resident requires the assistance of four staff to provide care due to the resident's level of anxiety. As reported by the home to the resident's physician on 10/16/15.
3. **Review the benefit of the Regulation, per RCG:** A person with dementia has rapidly changing mental health and physical health needs; a current assessment-support plan can help to specify how the home will meet the needs of the resident identified in the assessment. It is critical that the home immediately revise the support plan after a significant change to address life safety issues and/or changing needs.
4. **Description of the Repair of the Immediate Problem:** The support plan for resident #1 was updated by the DRCS to reflect the resident's anxiety during care and need for increased staff assistance during heightened level of anxiety. The DRCS updated the support plan for Resident #1, #3 and #4, documenting that each requires one to one assistance for feeding.
5. **Determine / document the Root Cause of the Violation:** Lack of a process that communicates to the DRCS any changes to a resident's need for feeding assistance or a change in the required staff necessary to care for a resident during an episode of increased anxiety.
6. **Detail Action Steps / System Developed to prevent future occurrence:** In this instance, a Physician Notification Form was filled out by a Grane Hospice Nurse indicating increased anxiety (see attached form Letter A) that required assistance from a staff of four.

Authorized Signature Heather Miller

Date: 12/3/15

The form was not forwarded to the DRCS for review in order for proper documentation of the support plan to be completed. The Physician Communication Form was updated to include the signature of the DRCS after its review (see attached form Letter B). It now also indicates whether it was sent from a Hospice staff member versus a Magnolias staff member. After the form is faxed to the physician, it is forwarded the same day to the DRCS who will sign and date the form upon review of it and make any necessary changes to the support plan.

The lack of a process to communicate changes to a resident's need for feeding assistance has been corrected by adding a section to the Notification of Diet Change Form (see attached form Letter C). This section will be used to notify the DRCS of the need for a feeding assistance evaluation. The form is filled out by the Food Service or Wellness Staff and forwarded to the DRCS for review. The DRCS is required to initial the form upon completion of the resident's evaluation. At such time, the resident's Support Plan will be updated as necessary.

- 7. **Designated Position Responsible and Specific Target Date for Correction:**
 DRCS will be responsible to ensure that the processes implemented above are being followed ongoing. Hospice and Medication Assistants on staff will be trained by the DRCS on the above procedures by 12/4/15.

Forms Letter A-C
are included with
Violation 2600.225(c)

Authorized Signature Heather Muller

Date: 12/13/15

Violation Report: 32259 - 11/02/2015 - Springs, Israel

PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #1's file contained a picture more than two years old, taken 9/9/13.

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 plan of correction
labeled ~~#10~~ 7A and 7B
BAS
12/11/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Heather Miller

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Heather Miller, Executive Director

Date

12/3/15

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

The above plan of correction is approved as of

12/11/15
(Date)

Plan of correction Implementation status as of

2/18/16
(Date)

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

The above plan of correction was approved by

BAS
(Initials)



PLAN OF CORRECTION TEMPLATE

Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 11/2/15 and 11/4/15

Date of Submission: 12/3/2015

1. **Violation Review: 2600.252** – Each resident’s record must include the following information: (1) through (26)
2. **Violation Interpretative Statement:** Resident #1’s file contained a picture more than 2 years old, taken 9/9/13.
3. **Review the benefit of the Regulation, per RCG:** Having a complete record for each resident gives the home the best possible picture of who the resident is, what the resident’s history is, and what services or needs the resident may have.
4. **Description of the Repair of the Immediate Problem:** A new picture was obtained for resident #1’s file on 11/27/15 and all resident charts were audited to ensure a current picture was on file.
5. **Determine / document the Root Cause of the Violation:** Lack of a system identifying the need for a new resident picture every 2 years.
6. **Detail Action Steps / System developed to prevent future occurrence:** A tickler system to ensure resident pictures are obtained within the required timeframe has been established. The DRCS is alerted to obtain the resident’s picture one week prior to the resident’s anniversary date of admission. On the 30th of each month, the DRCS will fill out the attached form (form letter *error H*) and provide it to the Executive Director, along with a resident list from the MoveN system detailing resident name and admit date. The Executive Director will ensure from the information provided that pictures have been obtained for the proper month and will sign and date the form upon review.

Authorized Signature *Heather Miller*

Date: 12/3/15

7. Designated position responsible and specify target date for correction: DRCS and Executive Director immediate and ongoing.

Authorized Signature Deborah Miller

Date: 12/3/15

Plan of Correction Template

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