



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 23, 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 May 11 and 20, 2016 of the above facility, a 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 cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32259 - 05/11/2016 - Gensil, Lori
PCH Name: MAGNOLIAS OF LANCASTER

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 #2 was admitted to the SDCU on [redacted] 6. Neither the resident nor the resident's designated person were involved in developing the support plan, dated 4/3/16.

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 Page 2A of 2. -KE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kevin Cronk*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *KEVIN CRONK Regional Director of Operations* Date *8/16/16*

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

The above plan of correction is approved as of 8-23-16
(Date)

The above plan of correction was approved by *KE*
(Initials)

- Plan of correction implementation status as of 8-23-16
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

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

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License Number: 322590

Date of Visit: May 11 and 20, 2016

Date of Submission: August 16, 2016

1. **Violation Review: 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 #2 was admitted to the SDCU on [redacted] 16. Neither the resident nor the resident's designated person were involved in developing the support plan, dated 4/3/16.
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:**
An audit of current resident records was conducted and found that the resident and/or designated person were involved in the development of the current support plans. Resident #2 no longer resides in this community.
5. **Determine / document the Root Cause of the Violation:**
Many families/designated persons choose to not visit the community during the first week of residency. In these cases, if the resident is unable or unwilling to participate, the designated person will participate in the development of the support plan via a telephone call. This participation will be documented accordingly. The same process will be implemented for continuing revisions of the service plans.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
Prior to or upon admission, the Director of Resident Care Services will schedule a time to meet in person or via phone with designated persons to develop the support plan. Each new resident's record will be audited within 72 hours of admission to ensure compliance.
7. **Designated position responsible and specify target date for correction.**
Director of Resident Care Services and Executive Director. Effective 8/16/2016.

Authorized Signature

Kevin Cusick
KEVIN CUSICK
REGIONAL DIRECTOR OF OPERATIONS

Date:

8/16/16

Plan of Correction Template

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