



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 08 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
License #: 322590

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspection on July 7, 2016 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MAGNOLIAS OF LANCASTER		License Number: 32259
Address: 1870 ROHRESTOWN ROAD, LANCASTER, PA 17601		County: Lancaster
Administrator: Heather Miller		Region: CENTRAL
Legal Entity Name: TITHONUS LANCASTER LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy		
C-2 LP	I-2	
03/24/1998	10/20/2008	
L&I	East Hempfield Twp	
Staffing Hours		
Resident Support: 4	Total Daily Staff: 56	Waking Staff: 42
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/07/2016: Bomberger, Cybil; Showers, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 26 Secured Dementia Care Unit in Home: Yes Area: Entire Facility Secured Dementia Unit Capacity, if Applicable: 38 Number of Residents Served in Secured Dementia Care Unit, if applicable: 26 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 19		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 0

Violation Report: 32259 - 07/07/2016 - Bomberger, Cybil
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home has not provided Resident #4 and Resident #5 an itemized quarterly account of funds held by the home for either resident since 2/11/16.

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.

SEE ATTACHED 2a

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

KEVIN CLYBURN

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

Resident Director of Operations

Date 7/27/16

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The above plan of correction is approved as of 7/27/16
 (Date)

Plan of correction implementation status as of 7/27/16
 (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

2a of 5


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

License Number: 322590

Date of Visit: July 7, 2016

Date of Submission: July 26, 2016

1. **Violation Review: 2600.20(b)(8)-** The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.
2. **Violation Interpretative Statement:** The home has not provided Resident #4 and Resident #5 an itemized quarterly account of funds held by the home for either resident since 2/11/16.
3. **Review the benefit of the Regulation, per RCG:** Providing itemized accounts allows the resident to review his financial transactions and verify their accuracy.
4. **Description of the Repair of the Immediate Problem:**
Audits of funds for all residents, including Residents #4 and #5, were completed on July 11, 2016 and letters containing the Itemized Quarterly Account of Funds were sent to all residents' Responsible Parties.
5. **Determine / document the Root Cause of the Violation:**
Though audits were completed, staff failed to send the quarterly letter to the families of Residents #4 and #5. A proper reminder system was not in place.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
The Business Office Assistant has implemented a tickler system in Outlook with set reminders for audits with an additional reminder to send the quarterly letter. The Executive Director will sign off on the Itemized Quarterly Accounting of Funds to verify completion.
7. **Designated position responsible and specify target date for correction.**
Executive Director and Business Office Assistant completed July 11, 2016 and compliance monitoring will be ongoing.

Authorized Signature  Kevin Cusick Date: 7/26/16

Violation Report: 32259 - 07/07/2016 - Bomberger, Cybil
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

No staff trained in First Aid and certified in obstructive airway techniques and CPR were present in the home from 11 PM to 7 AM on 6/30/16, 7/1/16, 7/2/16 and 7/3/16. On these dates and during these times, there were 26 residents in the home.

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 3a & b

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) *KEVIN CUSYK*
REGIONAL DIRECTOR of OPERATIONS Date *7/27/16*

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 (Date)

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 (Initials)

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PLAN OF CORRECTION

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

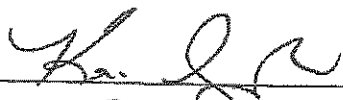
License Number: 322590

Date of Visit: July 7, 2016

Date of Submission: July 26, 2016

- 1. Violation Review: 2600.63(a)-** At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.
- 2. Violation Interpretative Statement:** No staff trained in First Aid and certified in obstructive airway techniques and CPR were present in the home from 11pm to 7 am on 6/30/16, 7/1/16, 7/2/16 and 7/3/16. On these dates and during these times, there were 26 resident in the home.
- 3. Review the benefit of the Regulation, per RCG:** Ensures that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to respond to simultaneous emergency situations (for example, if one resident is choking while another resident experiences cardiac arrest).
- 4. Description of the Repair of the Immediate Problem:** First aid training and certification in obstructed airway techniques and CPR will be completed by 8/31/16 for members of the Resident Care Department, including all Medication Assistants. Resident Care staff scheduled to ensure one staff person for every 50 residents trained in first aid and certified in obstructed airway techniques and CPR is on duty at all times in accordance with the regulation.
- 5. Determine / document the Root Cause of the Violation:**
An appropriate system was not in place when scheduling to ensure that at least one person at all times had first aid training and certification in obstructed airway techniques and CPR.
- 6. Detail Action Steps / System Developed to prevent future occurrence:** A tracking system has been implemented to monitor all team members who are trained in first aid and certified in obstructed airway techniques and CPR. Resident Care staff will be scheduled in accordance with the regulation. First aid training and certification for obstructed airway techniques and CPR will occur at least annually, and more often as necessary to meet the requirements of the regulation.

Authorized Signature


Kevin Cyrenik
Regional Director of Operations

Date:

7/26/16

Plan of Correction Template

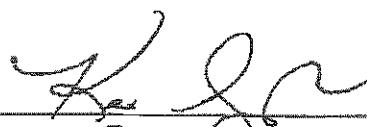
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36 of 5

- 7. Designated position responsible and specify target date for correction: The Director of Resident Care will monitor first aid training and certification in obstructed airway techniques and CPR for all Resident Care staff. The Executive Director will ensure first aid training and certification in obstructed airway techniques and CPR is scheduled and carried out annually. Additional Training session to be completed by August 31, 2016.

Authorized Signature  Kevin Cusyk Date: 7/26/16
Resident Director of Operations

Violation Report: 32259 - 07/07/2016 - Bomberger, Cybil
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

The Administrator of the home could not provide documentation for the completion of the Department of Human Services Administrator Orientation Course.

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 4a

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Kevin C...
[Handwritten Name]

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

REGINA DIRECTOR OF OPERATIONS
[Handwritten Name and Title]

Date 7/26/16
[Handwritten Date]

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

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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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PLAN OF CORRECTION

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

License Number: 322590

Date of Visit: July 7, 2016

Date of Submission: July 26, 2016

1. **Violation Review: 2600.64(a)-** Prior to initial employment as an administrator, a candidate shall successfully complete the following:
 - a. An orientation program approved and administered by the Department.
 - b. A 100-hour standardized Department approved administrator training course.
 - c. A Department-approved competency-based training test with a passing score.

2. **Violation Interpretative Statement:** The Administrator of the home could not provide documentation for the completion of the Department of Human Services Administrator Orientation Course.

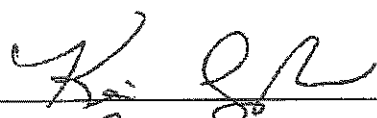
3. **Review the benefit of the Regulation, per RCG:** Ensures that the Administrator will have the basic training to establish and maintain regulatory compliance and meet residents' needs.

4. **Description of the Repair of the Immediate Problem:** The Administrator attended the Department approved orientation program on July 25th. However, the Administrator was released for her role as Executive Director on July 19th for unrelated reasons. The interim Administrator has all required training documentation compiled in a binder on location at the community.

5. **Determine / document the Root Cause of the Violation:**
The Administrator failed to keep a comprehensive record of her training in an accessible location.

6. **Detail Action Steps / System Developed to prevent future occurrence:**
Upon hiring of an administrator, the Regional Director of Operations will work with the administrator to compile a binder containing the comprehensive record of training to meet the requirements. This binder will be kept onsite and will be accessible for review at all times.

7. **Designated position responsible and specify target date for correction.**
Executive Director and Regional Director of Operations, effective 7/25/16.

Authorized Signature  Kevin Chsyk Date: 7/26/16

Violation Report: 32259 - 07/07/2016 - 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 did not list the diagnosis or purpose for the prescribed Escitalopram, Quetiapine, Clonazepam, and Seroquel.

The medication administration record for Resident #2 did not list the diagnosis or purpose for the prescribed Quetiapine.

The medication administration record for Resident #3 did not list the diagnosis or purpose for the prescribed Dexilant, Dok Cap, and Furosemide.

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 5a:5b

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)

KEDIN CYSYK
 REGIONAL DIRECTOR OF OPERATIONS

Date

7/27/16

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7/27/16
 (Date)

Plan of correction implementation status as of

7/27/16
 (Date)

The above plan of correction was approved by

BAB
 (Initials)

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PLAN OF CORRECTION

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

License Number: 322590

Date of Visit: July 7, 2016

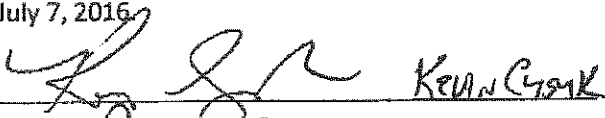
Date of Submission: July 26, 2016

1. **Violation Review: 2600.187(a)-** A medication record shall be kept to include the following for each resident for whom medications are administered:
 - a. Resident's name.
 - b. Drug allergies.
 - c. Name of medication.
 - d. Strength.
 - e. Dosage form.
 - f. Dose.
 - g. Route of administration.
 - h. Frequency of administration.
 - i. Administration times.
 - j. Duration of therapy, if applicable.
 - k. Special precautions, if applicable.
 - l. Diagnosis or purpose for the medication, including pro re nata.
 - m. Date and time of medication administration.
 - n. Name and initials of the staff person administering the medication.

2. **Violation Interpretative Statement:** The medication administration record for Resident #1 did not list the diagnosis or purpose for the prescribed Escitalopram, Quetiapine, Clonazepam, and Seroquel. The medication administration record for Resident #2 did not list the diagnosis or purpose for the prescribed Quetiapine. The medication administration record for Resident #3 did not list the diagnosis or purpose for the prescribed Dexilant, Dok Cap, and Furosemide.

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:**
 Diagnoses were verified and added to the MAR system for all medications for residents #1, #2, and #3. The MARs for all residents were checked for missing diagnoses and updated as necessary on July 7, 2016.

Authorized Signature  **KEVIN C. YORK** Date: 7/26/16

5. Determine / document the Root Cause of the Violation:

Staff failed to ensure that diagnoses were added for new orders.

5 b of 5

6. Detail Action Steps / System Developed to prevent future occurrence:

Diagnoses will be added to MAR for all new orders and for new residents on day of admission.
MARs will be audited monthly when printing monthly orders to ensure compliance.

7. Designated position responsible and specify target date for correction.

The MARs for Residents 1, 2, and 3 were updated to include Diagnoses on July 7th by the Director of Resident Care. Medication Assistant will be responsible for updating all new orders. Director of Resident Care will audit monthly. Immediately and ongoing.

Authorized Signature

 KEVIN CUSACK

Date:

7/22/14

Plan of Correction Template

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Regional Director of Operations

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