



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: May 10, 2017**

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' licensing inspection on December 20, 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.

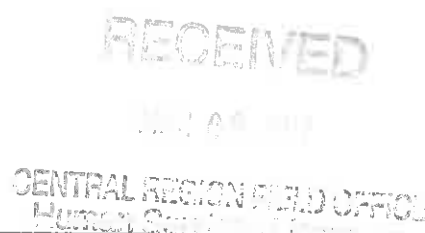
Sincerely,

A handwritten signature in black ink, appearing to read "Neil Cody".

Neil Cody  
Central Regional Director

Enclosure  
Licensing Inspection Summary

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

PCH Name: MAGNOLIAS OF LANCASTER		License Number: 32259
Address: 1870 ROHRESTOWN RD, LANCASTER, PA 17601		County: Lancaster
Administrator: Michael Lando		Region: CENTRAL
Legal Entity Name: TITHONUS LANCASTER LP C/O INTEGRACARE		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 03/24/1998 L&I	I-2 10/20/2008 E. Hempfield Twp.	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 46	Waking Staff: 35
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
12/20/2016: Hoover, Douglas		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 38 Number of Residents Served: 23 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: 23 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 19	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 23 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0	

Violation Report: 32259 - 12/20/2016 - Hoover, Douglas  
PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The door to Apartment C4 was splintered at the door jamb and could not be completely closed.

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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Tressia Day*

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

Tressia Day, Interim ED

Date

3-8-17

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

The above plan of correction is approved as of

5/9/17  
(Date)

Plan of correction implementation status as of

5/9/17  
(Date)

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

The above plan of correction was approved by

NSC  
(Initials)

# PLAN OF CORRECTION TEMPLATE

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Community Name: Magnolias of Lancaster

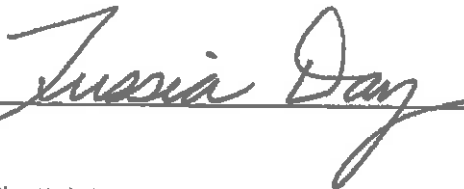
License Number: 32259

Date of Visit: 12/20/2016

Date of Submission: 3/6/2017

1. **Violation Review:** The door to Apartment C4 was splintered at the door jamb and could not be completely closed which could be a hazard where a resident could possibly receive an injury with the splintered wood on the door jamb.
2. **Violation Interpretative Statement:** 2600.88 (a) Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.
3. **Review the benefit of the Regulation, per RCG:** Safe surfaces help to maintain sanitary conditions in the home, minimizing the risk that residents will suffer an injury while ambulating, and providing dignified living conditions.
4. **Description of the Repair of the Immediate Problem:** Sanded and puttied door jam on 1/23/2017 painting to occur for completion by 3/8/2017. (Picture of completion attached)
5. **Determine / document the Root Cause of the Violation:** Door was not shutting appropriately and cause door jamb to crack and splinter.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
  - a. **Changing practice?** Environmental service manager will do an audit of all doors/entry ways to ensure that all doors are free from hazards. Door for C4 was repaired on 1/23/2017.
  - b. **Teaching or Training?** Review with staff when a hazard is identified to please complete a work order form in a timely manner (on discovery).
  - c. **On-going Monitoring?** Starting 3/6/2017 weekly monitoring by Environmental Services and Executive Director in the absence of Environmental Service using Weekly Environment Cleanliness checklist/audit form (attached) will be used and then reported during safety management meeting monthly.

Authorized Signature



Date: 3-8-17

Plan of Correction Template

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7. Designated position responsible and specify target date for correction. Environmental Service Manager on 3/8/17 with inspection of work by Executive Director.

Authorized Signature *Jessie Day*

Date: 3-8-17

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Violation Report: 32259 - 12/20/2016 - Hoover, Douglas  
 PCH Name: MAGNOLIAS OF LANCASTER

**1. REGULATION 55 Pa.Code §2600**

2600.101(i) - A resident shall have access to his/her bedroom at all times.

**2a. DESCRIPTION OF VIOLATION**

The residents in the facility do not have access to their bedrooms at all times. None of the residents had their own key for unlocking their apartments and had to wait for staff to open their apartments for them. This was confirmed by Staff Members' A and B.

**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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Tressia Day*

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

Tressia Day, Interim ED

Date 3-8-17

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The above plan of correction is approved as of

5/9/17  
 (Date)

Plan of correction implementation status as of

5/7/17  
 (Date)

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

The above plan of correction was approved by

NSC  
 (Initials)

# PLAN OF CORRECTION TEMPLATE

Community Name: Magnolias of Lancaster

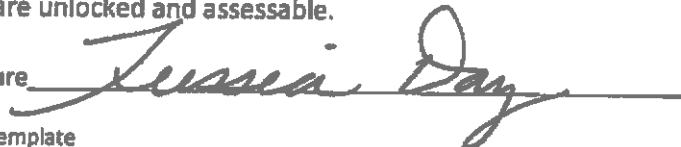
License Number: 322590

Date of Visit: 12/20/2016

Date of Submission: 3/6/2017

1. **Violation Review:** The resident in the facility do not have access to their bedrooms at all times. None of the residents had their own key for unlocking their apartments and had to wait for staff to open their apartments for them.
2. **Violation Interpretative Statement:** 2600.101(i)- A resident shall have access to his/her bedroom at all times.
3. **Review the benefit of the Regulation, per RCG:** A resident shall have access to his/her bedroom at all times which preserves resident's privacy, dignity, and independence.
4. **Description of the Repair of the Immediate Problem:** Keys were and will be provided for any resident and designated person who wishes to keep bedroom door locked for security of personal belongings. All other doors will remain unlocked.
5. **Determine / document the Root Cause of the Violation:** Residents in this living environment frequently walk in and out of rooms, some residents which to have doors secured to prevent belonging from being removed.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
  - a. **Changing practice?** All current resident and new residents moving forward effect 3/10/2017 will be asked if they would like to secure room and have a key for resident access.
  - b. **Teaching or Training?** During March monthly staff meeting address issue and make sure DCS are aware that all rooms need to remain unlocked for resident access and residents/designated persons that choose to have room locked will have key to access and a list with be made for staff documentation of teaching will be included with staff meeting notes.
  - c. **On-going Monitoring?** DRCS and ED will daily random check rooms to make sure they are unlocked and assessable.

Authorized Signature



Date: 3-8-17

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7. Designated position responsible and specify target date for correction. All direct care staff and management, correction was made on 12/20/2017.

Authorized Signature

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Date: 3-8-17

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Violation Report: 32259 - 12/20/2016 - Hoover, Douglas  
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2800  
 2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed Nitrofurantoin, 100 mg. on 12/5/16; however, the medication was not administered until 12/7/16.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Tressia Day, Interim ED Date 3-8-17

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

The above plan of correction is approved as of <u>5/9/17</u> (Date)	Plan of correction implementation status as of <u>5/9/17</u> (Date)
The above plan of correction was approved by <u>JSC</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 TEMPLATE

Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 12/20/2016

Date of Submission: 3/6/2017

1. **Violation Review:** Resident #1 was prescribed Nitrofurantoin 100mg on 12/5/16; however, the medication was not administered until 12/7/16.
2. **Violation Interpretative Statement:** 2600187 (d)-The home shall follow the directions of the prescriber.
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:** DRCS on 12/20/2016 immediately revised policy for all antibiotic and/or pain medications to call pharmacy after faxing and have medication delivered on STAT 2 hour after hour's emergency service.
5. **Determine / document the Root Cause of the Violation:** DCS did not follow up with pharmacy for a STAT 2 hour delivery service for after hour's delivery.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
  - a. **Changing practice?** DCS will order all antibiotics and pain medication through STAT 2 hour pharmacy delivery with Trinity Pharmacy which will require a phone call to pharmacy after faxing and speaking with pharmacist.
  - b. **Teaching or Training?** Review of policy/teaching during staff monthly meeting in March to review policy for antibiotics and pain medication STAT ordering with 2 hour delivery service from Trinity pharmacy.
  - c. **On-going Monitoring?** 3/6/2017 DRCS to review medication orders daily and follow up with pharmacy if delivery is not received in 12 hours of faxing. DCS will keep all fax receipts for review and verification of faxing.

Authorized Signature



Date: 3-8-17

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7. Designated position responsible and specify target date for correction. DCS and DRCS effective 3/6/2017.

Authorized Signature *Juanita Day*

Date: 3-8-17

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Violation Report: 32259 - 12/20/2016 - Hoover, Douglas  
 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 #1 and the resident's designated person were not involved in the development of the support plan, dated 8/15/16.

**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

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/11/2016	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tressia Day*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tressia Day, Interim ED</i>	Date <i>3-8-17</i>
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The above plan of correction is approved as of 5/9/17  
 (Date)

Plan of correction implementation status as of 5/9/17  
 (Date)

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

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

## PLAN OF CORRECTION TEMPLATE

Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 12/20/2016

Date of Submission: 3/6/2017

1. **Violation Review: Resident #1 and the resident's designated person were not involved in the development of the support plan, dated 9/15/16.**
2. **Violation Interpretative Statement: 2600.234 (e)-The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.**
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: Resident was no longer in community with a discharge date of 12/8/2016, all other residents support plan was reviewed for signature compliance by 3/10/2017.**
5. **Determine / document the Root Cause of the Violation: DRCS failed to have family come to the community to sign and review support plan after it was developed.**
6. **Detail Action Steps / System Developed to prevent future occurrence:**
  - a. **Changing practice? Effective 3/6/2017 ED to monitor all new admissions and revised support plans for signatures on a weekly basis.**
  - b. **Teaching or Training? Reviewed violation with DRCS on 3/7/2017 and reviewed all chart in-house for missed signatures will be completed by DRCS by 3/10/2017.**
  - c. **On-going Monitoring? Effective 3/6/2017 ED to monitor support plans bi-weekly for signatures; DRCS will review weekly for compliance of signatures.**

Authorized Signature



Date: 3-8-17

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7. Designated position responsible and specify target date for correction. DRCS and ED will reviewed all support plans for signatures by 3/10/2017 and schedule family meetings if signatures are missing.

Authorized Signature



Date: 3-8-17

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