



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 27 2017

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 2
745 Norland Avenue
Chambersburg, Pennsylvania 17201
License #: 307690

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspection on January 31, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 30769 - 01/31/2017 - Comstock, Kelly
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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
 On 1/21/17, from 2 am to 6 am, 23 residents were present in the home. During this time there were no staff persons present in the home who were certified in CPR, first aid and obstructed airway techniques.

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 Page 2A of 5. -BE

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, Executive Director* Date *4-28-17*

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The above plan of correction is approved as of <u>8-9-17</u> (Date)	Plan of correction implementation status as of <u>8-9-17</u> (Date)
The above plan of correction was approved by <u>BE</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

Page 2A of 5

Community Name: Magnolias of Chambersburg

License Number: 307690

Date of Visit: 1/31/17

Date of Submission: 4/28/17

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:

On 1/21/17, from 2 am to 6 am, up to 23 residents were present in the home. During this time there were no staff persons present in the home who were certified in first aid, CPR and obstructed airway techniques.

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 situation (for example, if one resident is choking while another resident experience cardiac arrest.)

4. Description of the Repair of the Immediate Problem:

On 5/1/17, staff members without current CPR/First Aid and obstructed airway attended CPR/First Aid class and obtained all certifications. A second class will be scheduled for June 2017 for all resident care staff.

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

Director of Resident Care Services (DRCS) and Executive Director (ED) failed to monitor and/or schedule certified CPR/First Aid and obstructed airway classes to keep all staff in compliance with regulation 2600.63 (a). Both DRCS and ED are not longer with the community.

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

On 4/24/17, ED developed a tickler (see attached) and calendar reminder of certified training for each staff member employed in the community. ED will monitor monthly to ensure new staff members are added to tickler and all staff are current and up to date with trainings.

Authorized Signature

Jessica Day

Date:

4-28-17

Plan of Correction Template

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JD

Violation Report: 30769 - 01/31/2017 - Comstock, Kelly
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On January 29, 30 and 31, 2017, one glucometer was used for two different residents. The last six blood sugar readings recorded on the glucometer labeled with Resident #1's name were 125, 144, 147, 109 and 191. Between January 29, 2017 and January 31, 2017, readings of 109, 191, 144 and 125 were recorded on the medication administration record (MAR) for Resident #4. Resident #1's MAR does not include any of the six readings recorded on the glucometer that is labeled with Resident #1's name.

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 Page 3A of 5. - de

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, Executive Director

Date *4-28-17*

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The above plan of correction is approved as of 8-9-17
 (Date)

Plan of correction implementation status as of 8-9-17
 (Date)

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

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

Community Name: Magnolias of Chambersburg
License Number: 307690
Date of Visit: 1/31/17
Date of Submission: 4/28/17

Violation Review:

2600.85 (a) – Sanitary conditions shall be maintained.

1. Violation Interpretative Statement:

On January 29, 30 and 31, 2017, one glucometer was used for blood sugar checks for two different residents. The glucometer's last six readings recorded on the glucometer labeled with Resident #1's name were 125, 144, 147, 109, and 191. Between January 29, 2017 and January 31, 2017 readings of 109, 144, and 125 were recorded on the medication administration record (MAR) for Resident #4. Resident #1's MAR does not include any of the six readings recorded on the glucometer that is labeled with Resident #1's name.

2. Review the benefit of the Regulation, per RCG:

Greatly minimizes the risk of resident illness, rodent and insect infestation, and provides dignified living conditions for residents.

3. Description of the Repair of the Immediate Problem:

On 2/1/17, DRCS purchased individual boxes to store resident's individual glucometer's, test strips and all supplies for testing blood sugars. MA's were educated on 4/27/17, regarding the importance of sanitary practices with the use of individual glucometer's.

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

Medication Assistants (MA) and Director of Resident Care Services (DRCS) failed to use residents individual testing supplies and used on multiple residents, DRCS failed to education MA's on sanitary practices of using individual glucometer's. DRCS is no longer with the community.

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

On 6/14/17, ED developed an audit tool to assist with audit of the weekly glucometer check which will be performed weekly by direct care staff med assist for all diabetic resident supplies and ensured all residents have individual supplies to include labeling and to verify that all blood sugars are only used for 1 individual resident. Each individual resident will have an audit sheet that can be signed by DRCS and/or ED to verify audit was completed weekly see attached. The first audit was completed on 6/21/17 a reminder was added to ED's Outlook calendar for this audit. Continued education was held on 4/27/17 see attached sign in sheet (provided previously).

Authorized Signature Jessie Day

Date: 6-19-17

JE

Violation Report: 30789 - 01/31/2017 - Comstock, Kelly
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 1/31/17, there was an accumulation of lint in each of the lint traps of the Maytag and Amana dryers in the laundry room.

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 Page 4A of 5. -SE

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, Executive Director* Date *4-28-17*

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 (Date)

Plan of correction implementation status as of 8-9-17
 (Date)

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

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

Community Name: Magnolias of Chambersburg

License Number: 307690

Date of Visit: 1/31/17

Date of Submission: 4/28/17

1. Violation Review:

2600.105 (g)(1)- To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2. Violation Interpretative Statement:

On 1/31/17, there was an accumulation of lint in each of the lint traps of the Maytag and Amana dryers in the laundry room.

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

Greatly reduces the chance of fire in the home.

4. Description of the Repair of the Immediate Problem:

On 1/31/17, Director of Environmental Services (ES) along with housekeeping staff cleaned lint from lint trap and drum of clothes dryers of the Maytag and Amana dryers in the laundry room.

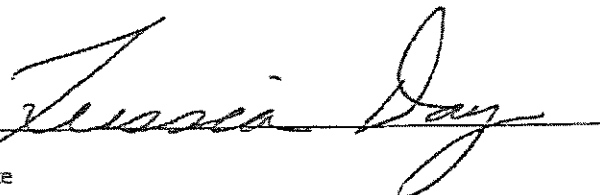
5. Determine / document the Root Cause of the Violation:

Resident care staff and housekeeping failed to clean lint from dryers after using.

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

On 4/27/2017, ES completed an education with all staff to include a demonstration of cleaning of lint traps and drums on all dryers in the community and the importance of completing this daily before and after each use to prevent fire hazard. ES going forward will monitor lint traps and drums on a weekly schedule to ensure compliance is met. Care staff using dryer will continue to sign off on lint log after each use that lint trap and drum has been cleaned.

Authorized Signature



Date:

4-28-17

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Violation Report: 30789 - 01/31/2017 - Comstock, Kelly
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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 diagnosis or purpose was not listed on the medication administration records for the following medications: Resident #1- Tramadol HCL and Mag Oxide; Resident #2- Atorvastatin, Benonate CAP, Clopidogral, Metoprolol, and Ranitidine; and Resident #3- Finasteride, Furosemide, Glimperide, Isosorb, Verapamil, and Warfarin.

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 SA + SB of 5. -BE

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, Executive Director* Date *4-28-17*

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Community Name: Magnolias of Chambersburg

License Number: 307690

Date of Visit: 1/31/17

Date of Submission: 4/28/17

1. Violation Review:

2600.187 (a) – A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Residents 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

2. Violation Interpretative Statement:

The diagnosis or purpose was not listed on the medication administration records for the following medications: Resident #1- Tramadol HCL and Mag Oxide; Resident #2- Atorvastatin, Benonate CAP, Clopidogrel, Metoprolol, and Ranitidine; and Resident #3- Finasteride, Furosemide, Glimepiride, Isosorb, Verapamil, and Warfarin.

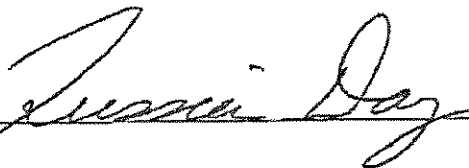
3. Review the benefit of the Regulation, per RCG:

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:

On 2/1/17, Director of Resident Care Services (DRCS) reviewed above mentions residents and contacted physician/pharmacy for correct medication diagnosis for all medication.

Authorized Signature



Date:

4-28-17

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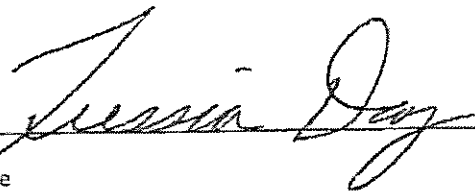
ADM040

JE

5. Determine / document the Root Cause of the Violation:
MA staff and Director of Resident Care Services failed to review medication administration records (MAR) for diagnosis of medication they were administering.

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

On 4/24/17, Executive Director (ED) audited all MAR's for compliance of diagnosis for all medication prescribed for all residents. New DRCS (once onboard) and ED will going forward set up a schedule audit weekly to review all MAR's for compliance of diagnosis. Medication Assistants going forward were education on 4/27/17, to flag all prescriptions and/or make DRCS/ED aware of any medication that does not have a diagnosis to be corrected immediately.

Authorized Signature 

Date: 4-28-17

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