



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: April 24, 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
Certificate #: 307690

Dear Ms.Putzier:

As a result of the Department of Human Services' licensing inspection on March 16, 2017 and March 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.

Sincerely,

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

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 30769 - 03/16/2017 - Showers, Michael
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home's internal smoking policy as stated in the "Community Operating Standards Manual" requires that "A physician's order will be obtained for all smokers indicating their ability to smoke supervised or unsupervised." The home failed to obtain a physician's order on Resident 1's ability to smoke supervised or unsupervised. The home did not follow its established smoking policy.

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.

Refer to Pages 2A and 2B

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 ED* Date *4-21-17*

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The above plan of correction is approved as of 4/24/17
 (Date)

Plan of correction implementation status as of 4/24/17
 (Date)

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

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

PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg

License Number: 307690

Date of Visit: 6/16/2017

Date of Submission: 4/20/2017

1. Violation Review:

2600.144 (c) – A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.14 (c) - 1-3.

2. Violation Interpretative Statement:

The home's internal smoking policy as stated in the Community Operating Standards Manual requires that "A physician's order will be obtained for all smokers indicating their ability to smoke supervised or unsupervised." The home failed to obtain a physician's order on Resident 1's ability to smoke supervised or unsupervised. The home did not follow its established smoking policy.

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

Greatly reduces the risk of fire associated with unsafe smoking, and ensures Residents and staff know what must be done in the event of a fire.

4. Description of the Repair of the Immediate Problem:

- The immediate repair involved [REDACTED] being treated by the hospital for burns.
- Staff were trained to the fire safety policy (Record of Training Attached)
- Upon the Resident's return to the home, a physician's order was received for smoking
- Upon the Resident's return to the home, the Residents was assessed and determined to be in need of supervision for smoking

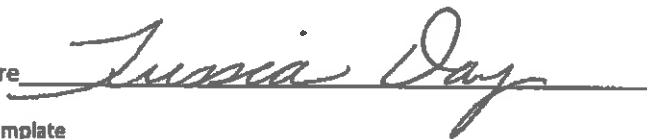
5. Determine / document the Root Cause of the Violation:

- The root cause of the incident was lack of awareness of the home's policy by the Director of Resident Care, the Executive Director and the staff. The Executive Director and the Director of Resident Care Services no longer work at the home.

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

Smoking policy is covered during the initial "general" orientation. This will now include an emphasis on the Assessment of the Resident for their smoking needs, and the need for staff to be vigilant to changes in those needs. The Smoking Assessment is to be performed quarterly.

Authorized Signature



Date:

4-21-17

Plan of Correction Template

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

The Director of Resident Care is the position responsible for performing the Initial and Quarterly Smoking Assessment. There are 2 Residents who smoke, currently residing at the home, and both have been assessed. Any Resident who desires to smoke will have a physician's order for doing so and the smoking assessment completed quarterly, effective immediately and on-going.

The Executive Director will monitor, through use of a tickler system, that the quarterly smoking assessments are accomplished for any Resident who smokes at the home.

Resident smoking needs will be reviewed during the monthly safety meeting.

Authorized Signature



Date:

4-21-17

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Violation Report: 30769 - 03/16/2017 - Showers, Michael
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa. Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's outdoor designated smoking area is at a picnic table located a safe distance away from the building. On March 12, 2017, Resident 1 was smoking outside of the home in an area other than the designated smoking area. During interviews, staff members stated that it was known that Resident 1 would routinely smoke in this undesignated smoking area of 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.

Refer to page 3A and 3B

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, ED

Date 4-17-17

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 (Date)

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 (Date)

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

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

PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg

License Number: 307690

Date of Visit: 6/16/2017

Date of Submission: 4/21/2017

1. Violation Review:

2600.144 (c) (1) – Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2. Violation Interpretative Statement:

The homes outdoor designated smoking area is at a picnic table located a safe distance away from the building. On March 12, 2017, Resident 1 was smoking outside of the home in an area other than the designated smoking area. During interviews, staff members stated that it was known the Resident 1 would routinely smoke in the undesignated smoking area of the home.

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

Greatly reduces the risk of fire associated with unsafe smoking, and ensures Residents and staff know what must be done in the event of a fire.

4. Description of the Repair of the Immediate Problem:

The home immediately reestablished the approved smoking area. This involved communicating with staff and Residents, and monitoring the area.

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

The home's leadership lacked alignment with policies, protocols and purpose established by the regulations and its own management company. They also had an under-appreciation for the rationale and potential consequences behind such regulations and policies.

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

- There is great emphasis on conducting the fire safety training on the first day of employment. There will be greater emphasis placed on the content reflecting the home's Smoking policy, ensuring it is covered during the initial "general" orientation. The established smoking policy identifies the smoking area.

Authorized Signature



Date: 4-21-17

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- The home's smoking policy will be reviewed for relevance and opportunities for update on an annual basis.
- The home's posted smoking policy will be edited to read as follows:

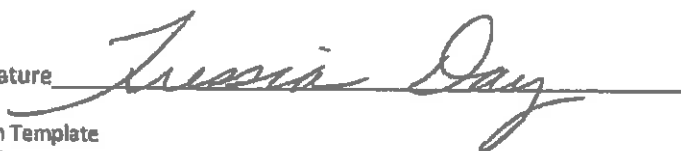
There will be no deviation from this policy without proper diligent review and approval, proper notification to all affected parties and staff training.

- Smoking safety will be added to the home's Safety Committee review tool, effective with the monthly meeting scheduled for May 2017. The Committee is an interdisciplinary team comprised of both line staff and managers. The review will include:
 - Monitoring that the smoking assessments are completed in a timely manner, are reflective.
 - The smoking are is as designated on the smoking policy

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

The smoking area was reestablished and the staff were trained immediately following the incident: see Attachment. The Executive Director is responsible to establish and maintain the home's smoking areas and to reinforce training from the smoking policies. These changes will be incorporated immediately, and on-going.

Authorized Signature



Date:

4-21-17

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