



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 26, 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 1
745 Norland Avenue
Chambersburg, Pennsylvania 17201
Certificate: 307670

Dear Ms Putzier:

As a result of the Department of Human Services' licensing inspections on June 7, 2017 and August 9, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summaries were found.

All violations specified on the enclosed License Inspection Summaries must be corrected by the dates specified on each License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1		License Number: 30767
Address: 735 NORLAND AVENUE, CHAMBERSBURG, PA 17201		County: Franklin
Administrator: Tressia Day		Region: CENTRAL
Legal Entity Name: TITHONUS CHAMBERSBURG LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy C-2 LP 03/20/1998 Labor and Industry		
Staffing Hours Resident Support: 0		Total Daily Staff: 48 Waking Staff: 36
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 06/07/2017: Cargile, Kellie; Bomberger, Cybil		

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details Partial or Full Triggers:	Random Indicators:
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Resident Demographic Data as of Inspection Dates

Licensed Capacity: 26 Number of Residents Served: 24 Secured Dementia Care Unit in Home: Yes Area: the entire building Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 24 Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 1
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Violation Report: 30787 - 06/07/2017 - Cargile, Kelle
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 85 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 6/7/17, Citalopram 20 mg, Protozone HC 2.5% cream, QC Antacid 500 mg, and Coricidin HBP Cold and Flu were located in the home's medication cart. All of these medications were either discontinued or not currently prescribed to a resident 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.

See attached POC page 2A of 3. -JE

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 8-14-17

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

The above plan of correction is approved as of 9-26-17
 (Date)

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

Plan of correction implementation status as of 9-26-17
 (Date)

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

Community Name: Magnolias of Chambersburg

License Number: 307670

Date of Visit: 6/7/2017

Date of Submission: 8/16/2017

Violation Review:

DC

2600. 2600.183 (d) – Only current prescriptions, OTC, sample, and CAM for individuals living in the home may be kept in the home.

1. Violation Interpretative Statement:

On 6/7/2017, Citalopram 20 mg, Proctozone HC 2.5% cream, OC Antacid 500mg and Coricidin HBP Cold and Flu were located in the home's medication cart. All of these medications were either discontinued or not currently prescribed to a resident of the home.

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

Ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.

3. Description of the Repair of the Immediate Problem:

On 6/7/2017, Citalopram 20 mg, Proctozone HC 2.5% cream, OC Antacid 500mg and Coricidin HBP Cold and Flu for Resident #1 was removed from medication cart and destroyed and/or returned to pharmacy for destruction.

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

Medications were at the bottom of medication cart and an audit of the cart was not performed or in place when Medication Assistant (MA), failed to remove and destroy expired and/or medication not belonging to a resident in the home.

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

DCS will complete a weekly audit of med cart effective 8/28/2017 (see attached medication/med cart audit sheet) for discontinued medication and medications for residents that are no longer in the home. ED/DRCS will complete an audit bi-weekly to review of medication/med cart audit.

Authorized Signature *Jessica Day*

Date: 8-14-17

Violation Report: 30767 - 06/07/2017 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The physician ordered blood sugar checks to be done for Resident #1 four times daily at 8:00 am, 12:00 pm, 5:00 pm and 8:00 pm. On June 3, 4, 6 and 7, 2017 at 8:00 am, the checks were not completed. On June 3 and 4, 2017, the checks were not completed at 12:00 pm. On June 1, 2017, the checks were not completed at 5:00 pm or 8:00 pm.

The physician ordered blood sugar checks for Resident #2 twice daily. On June 6 and 7, 2017, the checks were not completed in the morning. On June 1, 2017, the check was not completed in the evening.

The physician ordered blood sugar checks for Resident #3 to be done once daily at 8:00 am. On June 4, 2017, the check was not completed.

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 POC pages 3A + 3B of 3. *gc*

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 8-14-17

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

The above plan of correction is approved as of <u>9-26-17</u> (Date)	Plan of correction implementation status as of <u>9-26-17</u> (Date)
The above plan of correction was approved by <u><i>gc</i></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

Community Name: Magnolias of Chambersburg

License Number: 307670

Date of Visit: 6/7/2017

Date of Submission: 8/16/2017

Violation Review:

2600.187 (d) - The home shall follow the directions of the prescriber.

6. Violation Interpretative Statement:

The physician ordered blood sugar checks to be done for Resident #1 four times daily at 8 am, 12 pm, 5 pm, and 8 pm. On June 3, 4, 6, and 7, 2017 at 8:00 am, the checks were not completed. On June 3 and 4, 2017, the checks were not completed at 12 pm. On June 1, 2017, the checks were not completed at 5 pm and 8pm.

The physician ordered blood sugar checks for Residents #2 twice daily. On June 6 and 7, 2017, the checks were not completed in the morning. On June 1, 2017 the check was not completed in the evening.

The physician ordered blood sugar checks for Resident #3 to be done once daily at 8:00 am. On June 2, 2017 the check was not completed.

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

Ensures that a resident receives medications and treatments as ordered by physician.

8. Description of the Repair of the Immediate Problem:

MA was educated of the importances of obtaining blood sugars on each resident, all residents with blood sugars orders were reviewed with MA.

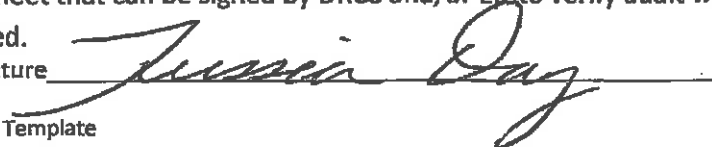
9. Determine / document the Root Cause of the Violation:

Medication Assistants (MA) failed to use resident's individual testing supplies and follow orders of the prescriber on residents.

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

On 6/21/17, ED put into place an audit tool to assist with audit of the bi-weekly glucometer check which was 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.

Authorized Signature



Date:

8-14-17

Community Name: Magnolias of Chambersburg

License Number: 307670

Date of Visit: 6/7/2017

Date of Submission: 8/16/2017

The first audit was completed on 6/23/17 a reminder was added to ED's Outlook calendar for this audit. Staff person A, served a 3 day suspension, in addition 3 days off med administration with completion of a 1 hour About Diabetes continued education held on Relias online learning before returning to medication administration. (See attached completion certificate) Additional audit have been completed on (7/9/17, 8/3/17) (please see attached Glucometer audit sheet)

Resident #3 orders for blood sugars have been discontinued (please see attached orders)

Additional audit have been completed on (7/9/17, 8/3/17) (please see attached)

Authorized Signature

Date:

8-14-17

Plan of Correction Template

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ADM040

Violation Report: 30767 - 08/09/2017 - Hoover, Douglas
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

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

2a. DESCRIPTION OF VIOLATION

The left armrest of the upholstered sofa, which faced the fireplace in the front sitting room, was soiled with a dried brown smear that was over 1" in length. Under the sofa were crumpled tissues and food wrappers.

The cushions on the tan sofa in the TV room, next to Room #9, were damp with urine. The white baseboard next to the sofa was marked with a dried brown substance.

There were dried food stains on the cushion of the green sofa near Room #20.

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 2. -EE

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 9-1-17

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

The above plan of correction is approved as of 9-26-17
 (Date)

Plan of correction implementation status as of 9-26-17
 (Date)

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

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

PLAN OF CORRECTION TEMPLATE

Page 2 of 2

Community Name: Magnolias of Chambersburg
License Number: 307670
Date of Visit: 8/9/2017
Date of Submission: 8/31/2017

1. Violation Review:

2600.85(a)-Sanitary conditions shall be maintained.

2. Violation Interpretative Statement:

The left armrest of the upholstered sofa, which faced the fireplace in the front sitting room, was soiled with a dried brown smear that was over 1" in length. Under the sofa were crumpled tissues and food wrappers.

The cushion on the tan sofa in the TV room, next to Room #9, was damp with urine. The white baseboard next to sofa was marked with a dried brown substance.

There were dried food stains on the cushion of the green sofa near Room #20.

3. 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.

4. Description of the Repair of the Immediate Problem:

On 8-9-17, the sofas were cleaned (extracted) and wall was washed and sanitized. Items found under sofa were removed when found on inspection.

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

Housekeeping staff failed to pull furniture from wall when completing routine cleaning, in addition to Management failing to have an adequately plan in motion to monitor the community for unsanitary conditions. Environment Service did not have an up-to-date deep cleaning schedule in place for this building.

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

Environmental Service, Executive Director and in their absence management team will complete a walkthrough of building at 10am and 4pm identifying any unsanitary conditions (please see attached audit sheet) audits will began on 9/1/17. Environmental Service manager will develop a deep cleaning schedule to include a schedule for extracting furniture on a weekly rotation by 9/8/17

All resident care and housekeeping staff sit for an in-service on 8/16/17 with education on monitoring the environment and cleaning responsibilities in the community. Please see attached attendance sheet for in-service.

Authorized Signature:

Date:

9-1-17