



**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 2  
745 Norland Avenue  
Chambersburg, Pennsylvania 17201  
Certificate: 307690

Dear Ms Putzier:

As a result of the Department of Human Services' licensing inspection on June 7, 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,

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 30769 - 08/07/2017 - Cargile, Kelle  
PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 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, Lantus INJ 100/ML, prescribed for Resident #1, included manufacturer's instructions, "discard 28 days after opening." The medication was not marked with an opening date.

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. -SE

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Tressia S Day*

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

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 SE  
(Initials)

# PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg

License Number: 307690

Date of Visit: 6/7/2017

Date of Submission: 8/16/17

**Violation Review:**

*gle*

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

**6. Violation Interpretative Statement:**

On 6/7/2017, Lantus INJ 100/ML, prescribed for Resident #1, included manufacturer's instructions, "discard 28 days after opening." The medication was not marked with an opening date.

**7. 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.

**8. Description of the Repair of the Immediate Problem:**

On 6/7/2017, Lantus INJ 100/ML for Resident #1 was removed from medication cart and destroyed and/or returned to pharmacy for destruction. (See attached medication/narcotic destruction log).

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

Medication Assistant (MA), failed to date insulin when opened box, open date nor discard date could be determined. Insulin was not dated when opened because all DCS using Lantus INJ failed to follow policy of recording open date and no audit was in place for audit open dates.

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

DCS/MA will complete a weekly audit of med cart for expired insulin/dated medication (see attached sheet medication/med cart audit sheet). ED/DRCS will check the med cart bi-weekly and audit signed checked sheets for completion. All MA's will be educated on putting open dates on insulin at meeting on 8/16/17. (Sign in sheet for training provided see attached)

Authorized Signature

*Jessia Day*

Date: 8-14-17

Plan of Correction Template

Violation Report: 30769 - 06/07/2017 - Cargile, Kelle  
PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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

2a. DESCRIPTION OF VIOLATION

On the morning of 8/6/17, Staff Person A recorded a blood sugar reading on Resident #2's medication administration record (MAR). The staff person did not complete a blood sugar check on Resident #2, but fabricated the reading on the MAR.

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 3A of 3 - 2E

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 *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 gc  
(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: 307690

Date of Visit: 6/7/2017

Date of Submission: 8/16/17

Violation Review:

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

*g2*

1. Violation Interpretative Statement:

On the morning of 6/6/2017, Staff Person A recorded a blood sugar reading on Resident #2's medication administration record (MAR). The staff person did not complete a blood sugar check on Resident #2, but fabricated the reading on the MAR.

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

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

3. Description of the Repair of the Immediate Problem:

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

4. 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.

5. 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 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 6/23/17 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 certification) Additional audit have been completed on (7/9/17, 8/3/17) (please see attached Glucometer audit sheet)

Authorized Signature *Jessica Day*

Date: 8-14-17