



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: November 27, 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  
Certificate #: 322590

Dear Ms.Putzier:

As a result of the Department of Human Services' licensing inspection on November 8, 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,

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 32259 - 11/08/2017 - McCloskey, Jason  
 PCH Name: MAGNOLIAS OF LANCASTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

On 10/18/17, Resident #1 eloped from the home and was found at a local business approximately two-tenths of a mile away from the home. The home identified a need for additional supervision due to this behavior and updated the resident's support plan on 10/18/17 to include the action of "staff checking resident more frequently." However, the support plan directions did not specify how frequently the resident should be checked, and the home does not utilize any type of system to document when the checks are completed and who performed the check. Subsequently, Resident #1 continued to engage in regular exit-seeking behaviors that also included three instances where the resident damaged windows and window screens. On 10/29/17, Resident #1 entered another resident's room, stripped naked, kicked out the window screen, and exited through a bedroom window. A passing motorist alerted the home that the resident was seen crossing the road at the front of the building and staff immediately responded to retrieve the resident. During the period of 10/18/17 to 10/29/17, the home did not provide further updates to the service plan to address the on-going types of exit seeking behaviors or reassess the need for increased supervision. The home was negligent in failing to implement an effective plan of supervision to safely manage the resident's behaviors.

**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 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) *Donna Hardwick*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Donna Hardwick* Director of Resident Care Date *11/22/17*

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The above plan of correction is approved as of <u>11/27/17</u> (Date)	Plan of correction implementation status as of <u>11/27/17</u> (Date)
The above plan of correction was approved by <u>BAS</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: Magnollas of Lancaster

License Number: 322590

Date of Visit: 11/8/2017

Date of Submission: 11/22/17

1. **Violation Review:** The home failed to implement an effective plan of supervision to safely manage the residents exit seeking behaviors
2. **Violation Interpretative Statement:** 2600.42(b)- A resident may not be neglected, intimidated, physically, or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way
3. **Review the benefit of the Regulation, per RCG:** Protects residents from abuse and neglect
4. **Description of the Repair of the Immediate Problem:** Resident assessment and support plan was updated 10/18/17 to reflect interventions to safely manage resident behavior. These Interventions include: Staff to check on resident more frequently; Staff to direct resident to activities; staff to monitor resident when in the courtyard; PCP notified and order for Psych nursing was obtained. Interventions were discussed with POA and documented on the Resident Assessment and Support Plan update, Behavior was documented on the communication log to inform oncoming staff of behaviors and interventions to keep resident safe.
5. **Determine / document the Root Cause of the Violation:** Safety of the resident
6. **Detail Action Steps / System Developed to prevent future occurrence:**
  - a. **Moving forward Hourly check Document** created to show when the checks are completed and by whom (see attached)
  - b. **Teaching or Training?** During November staff meeting staff to be trained on the use of the new document Scheduled for 11/16/17
  - c. **On-going Monitoring?** Resident is currently not in the home Resident is at Haven Behavioral Health for evaluation upon return to the home DRCS Will contact Home Health agency of resident choice for Psych Nurse RN to follow in the home within 48 hours of return to the home. Upon return new Resident Assessment and Support Plan will be completed
  - d. **Updates present Moving forward DRCS will physically attach all updates to Resident assessment and support Plan in chart so all direct care staff can review and know how to care for resident**

Authorized Signature



Date:

11/22/17

Plan of Correction Template

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Page 2B of 4

7. Designated position responsible and specify target date for correction. All direct care staff and DRCS, correction will be made by 11/16/17

Authorized Signature



Date:



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Violation Report: 32259 - 11/08/2017 - McCloskey, Jason  
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600  
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

On 10/18/17, The home identified a need for additional supervision for Resident #1 and updated the resident's support plan to include the action of "staff checking resident more frequently." However, the support plan directions failed to specify how frequently staff should be completing checks. During the period of 10/18/17 to 10/29/17, Resident #1 damaged windows and window screens on three instances as part of the resident's exit-seeking behaviors. The home did not provide further updates to the service plan to address these on-going types of exit seeking behaviors or reassess the need for increased supervision.

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 3A and 3B

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Donna Handwerk*

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

*Donna Handwerk* Director of Resident Care Date *11/22/17*

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The above plan of correction is approved as of 11/27/17  
 (Date)

Plan of correction implementation status as of 11/27/17  
 (Date)

The above plan of correction was approved by *BAS*  
 (Initials)

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

## PLAN OF CORRECTION TEMPLATE

Community Name: Magnolias of Lancaster

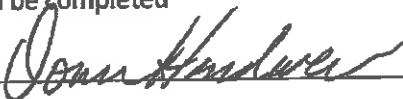
License Number: 322590

Date of Visit: 11/8/2017

Date of Submission: 11/22/17

1. **Violation Review:** The Support plan failed to specify how frequently staff should be completing checks; The home did not provide further updates to the Service Plan to address ongoing types of exit seeking behaviors or reassess the need for increased supervision
2. **Violation Interpretative Statement:** 2600.227(c) - The support Plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment
3. **Review the benefit of the Regulation, per RCG:** Ensures that each Resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.
4. **Description of the Repair of the Immediate Problem:** Resident assessment and support plan was updated to reflect interventions to safely manage resident behavior. These interventions include: Starting 11/1/17 Companion 1:1 8am-8pm; walks with staff; music in his room/activities; Staff to engage resident in conversation; Resident enjoys working with his hands likes to fix things he was a carpenter/mechanic; PCP notified and order for Psych nursing was obtained. Interventions were discussed with POA and documented on the Resident Assessment and Support Plan update, Behavior was documented on the communication log to inform oncoming staff of behaviors and interventions to keep resident safe. Maintenance checked all screens and windows in home to ensure they did not go up more than 6 inches.
5. **Determine / document the Root Cause of the Violation:** Safety of the resident
6. **Detail Action Steps / System Developed to prevent future occurrence:**
  - a. Moving forward Hourly check Document created to show when the checks are completed and by whom (see attached)
  - b. Moving forward Resident assessment and Service plan to be updated with any exit seeking behaviors
  - c. Teaching or Training? During November staff meeting staff to be trained on the use of the new document Scheduled for 11/16/17
  - d. On-going Monitoring? Resident is currently not in the home Resident is at Haven Behavioral Health for evaluation upon return to the home DRCS Will contact Home Health agency of resident choice for Psych Nurse RN to follow in the home within 48 hours of return to the home. Upon return new Resident Assessment and Support Plan will be completed

Authorized Signature



Date:

11/22/17

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- e. Updates present and Moving forward DRCS will physically attach all updates to Resident assessment and support Plan in chart so all direct care staff can review and know how to care for resident
7. Designated position responsible and specify target date for correction. All direct care staff and DRCS, correction will be made by 11/16/17

Authorized Signature Donna Henderson

Date: 11/22/17

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Violation Report: 32259 - 11/08/2017 - McCloskey, Jason  
 PCH Name: MAGNOLIAS OF LANCASTER

**1. REGULATION 55 Pa.Code §2800**

2800.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Additional supervision for Resident #1 is being provided by an outside agency. Services began on 11/1/17 but, as of 11/8/17, the resident's current support plan had not been updated to include this information. A referral for physical, occupational and speech therapy, and a psychiatric nursing consult was made by the home to another outside agency. This information was not documented in the resident's current support plan.

**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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Donna Handwerk*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Donna Handwerk* Director of Resident Care

Date

*11/22/17*

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*11/27/17*  
(Date)

Plan of correction implementation status as of

*11/27/17*  
(Date)

The above plan of correction was approved by

*DHS*  
(Initials)

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

## PLAN OF CORRECTION TEMPLATE

Community Name: Magnolias of Lancaster

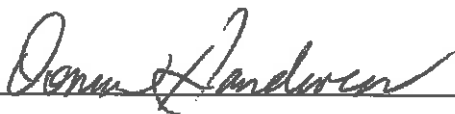
License Number: 322590

Date of Visit: 11/8/2017

Date of Submission: 11/22/17

1. **Violation Review:** Resident Support plan had not been updated to include additional supervision being provided by an outside agency; referral for physical, occupational and speech therapy, and a psychiatric nursing consult was made by the home to another outside agency not documented on residents Support plan.
2. **Violation Interpretative Statement:** 2600.227(d)- Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the residents physician, physician assistant or certified registered nurse practitioner determine the medical necessity of these services.
3. **Review the benefit of the Regulation, per RCG:** Ensures that each Resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.
4. **Description of the Repair of the Immediate Problem:** Resident assessment and support plan was updated to include the Home Health Agency companion services and phone number Staff Informed via communication log and Resident support plan updated ; At the time of the violation the community had secured an order for PT/OT and Psych nursing, home was unable to initiate was waiting for insurance authorization, at this time insurance authorization has been obtained
5. **Determine / document the Root Cause of the Violation:** Resident Support plan had not been updated to include additional supervision being provided by an outside agency
6. **Detail Action Steps / System Developed to prevent future occurrence:**
  - a. Moving forward Resident assessment and Service plan to be updated with information on all outside agency information
  - b. Teaching or Training?
  - c. On-going Monitoring? Resident is currently not in the home Resident is at Haven Behavioral Health for evaluation upon return to the home DRCS Will contact Home Health agency of resident choice for Psych Nurse RN to follow in the home within 48 hours of return to the home. Upon return new Resident Assessment and Support Plan will be completed and updated to include all outside agency services used
7. **Designated position responsible and specify target date for correction.** All direct care staff and DRCS, correction will be made by 11/16/17

Authorized Signature



Date:

11/22/17

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