



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 26 2018

Ms. Loriann Putzier,
President & COO
Tithonus Chambersburg, LP
C/O Integracare Corporation
6600 Brooktree Court, Suite 100
Wexford, Pennsylvania 15090

RE: Magnolias of Chambersburg – Building 1
735 Norland Avenue
Chambersburg, Pennsylvania 17201
Certificate #: 307670

Dear Ms.Putzier:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on January 17, 2018 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: 30767 - 01/16/2018 - Showers, Michael
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa. Code §2800

2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

On 1/13/2018 and 1/14/2018, there were 22 residents in the home, all identified as having mobility needs, requiring a total minimum of 44 hours of direct care. On this date, only 42.5 hours of direct care staffing was provided.

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 page 2A

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

1-26-18

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

The above plan of correction is approved as of

1/29/18
 (Date)

Plan of correction implementation status as of 1/29/18
 (Date)

The above plan of correction was approved by

BD
 (Initials)

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

PLAN OF CORRECTION TEMPLATE

Community Name: Magnolias of Chambersburg

License Number: 307670

Date of Visit: 1/17/2018

Date of Submission: 1/26/2018

1. **Violation Review:**
2600.57(c)-Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.
2. **Violation Interpretative Statement:**
On 1/13/2018 and 1/14/2018, there were 22 residents in the home, all identified as having mobility needs, requiring a total minimum of 44 hours of direct care. On this date, only 42.5 hours of direct care staffing was provided.
3. **Review the benefit of the Regulation, per RCG:**
Ensures that sufficient staff hours are provided to meet the basic personal care needs of residents with mobility needs
4. **Description of the Repair of the Immediate Problem:**
A review of the current and next schedule was completed on 1/19/2018 to review adequate staffing for residents with mobility needs, for a current census of 21 on 1/19/2018.
5. **Determine / document the Root Cause of the Violation:**
ED failed to calculate staffing requirement with new admission to the community on 1/13/2018 to provide adequate personal care services for each resident requiring mobility needs.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
ED will audit schedule created by Director of Resident care using calculation sheet for adequate hours for residents with mobility needs bi-weekly before schedule is posted. DRCS/ED continues to actively recruit new hires for resident care services. 2 new hires will have orientation the week of February 12.

Authorized Signature: _____

Date: 1-26-18

Violation Report: 30767 - 01/18/2018 - Showers, Michael
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 1/13/2018 and 1/14/2018, a total of 44 hours of direct care was required. However, only 28.5 of the required hours, or 65% percent, were provided during waking hours.

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 Page 3A

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 1-26-18

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PLAN OF CORRECTION TEMPLATE

Community Name: Magnolias of Chambersburg
License Number: 307670
Date of Visit: 1/17/2018
Date of Submission: 1/26/2018

1. **Violation Review:**
2600.57(d)- At least 75% of the personal care service hours specified in 2600.57(b) and 2600.57(c) shall be available during waking hours.
2. **Violation Interpretative Statement:**
On 1/13/2018 and 1/14/2018, a total of 44 hours of direct care was required, only 28.5 of the required hours, or 65% percent were provided during waking hours.
3. **Review the benefit of the Regulation, per RCG:**
Ensures that staffing hours provided to meet personal care needs are supplied during a time of day when residents are awake, for a current census of 21 on 1/19/2018.
4. **Description of the Repair of the Immediate Problem:**
A review of the current and next schedule was completed on 1/19/2018 to review adequate staff for waking hours.
5. **Determine / document the Root Cause of the Violation:**
ED failed to calculate staffing requirement with new admission to the community on 1/13/2018 to provide adequate personal care services for each resident required during waking hours.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
ED will audit schedule created by Director of Resident care using calculation sheet for adequate hours for residents during waking hours bi-weekly before schedule is posted. DRCS/ED continues to actively recruit new hires for resident care services. 2 new hires will have orientation the week of February 12.

Authorized Signature: _____

Teresa Day

Date: _____

1-26-18

Violation Report: 30757 - 01/16/2018 - Showers, Michael
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

At 2:40pm, four unsealed and unrefrigerated resident meals from the 12:30pm lunch service were observed on the kitchen counter. Staff stated that the residents did not want these meals at lunch and they were placed on the counter in case the residents wanted the meals at a later time.

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 Page 41A

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 1-26-18

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The above plan of correction is approved as of 1/29/18
 (Date)

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

Plan of correction implementation status as of 1/29/18
 (Date)

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

PLAN OF CORRECTION TEMPLATE

Community Name: Magnolias of Chambersburg
License Number: 307670
Date of Visit: 1/17/2018
Date of Submission: 1/26/2018

1. **Violation Review:**
2600.103(g)-Food shall be stored in closed or sealed containers.
2. **Violation Interpretative Statement:**
At 2:40pm, four unsealed and unrefrigerated resident meals from the 12:30pm lunch service were observed on the kitchen counter. Staff stated that the residents did not want these meals at lunch and they were placed on the counter in case the residents wanted the meals at a later time.
3. **Review the benefit of the Regulation, per RCG:**
Ensures that foods are stored at safe temperatures
4. **Description of the Repair of the Immediate Problem:**
On 1/17/2018 at 2:40pm unsealed food that was found on the counter was wasted in the trash, DCS prepared a new plate with alternative food for resident consumption. DCS received an in-service on 1/25/2018 see attached (appendix C-Documented in-service and sign in sheet)
5. **Determine / document the Root Cause of the Violation:**
DCS failed to place food in sealed containers and refrigerate when resident did not complete to lunch in an appropriate time frame.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
Going forward Food Service staff at the end of each dining event will place all left over meals in sealed containers with date and label with residents name and refrigerate before leaving building 1, DCS will complete log on meals using attached form (appendix D-missed meal log)

Authorized Signature: _____



Date: _____

1-26-18