



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

Dear Ms.Putzier:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on January 18, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2		License Number: 30769
Address: 745 NORLAND AVENUE, CHAMBERSBURG, PA 17201		County: Franklin
Administrator: Tressia Day		Region: CENTRAL
Legal Entity Name: TITHONUS CHAMBERSBURG LP		
Legal Entity Address: 8600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy C-2 LP 03/06/1998 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 20 Waiting Staff: 15		
Type of Inspection: Full BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/18/2018: Showers, Michael; Gillespie, Denise		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 24 Number of Residents Served: 16 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 16 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 30769 - 01/18/2018 - Showers, Michael
PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2800
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 1/18/2018, a container of Amitriptylin 10 mg for Resident 1, that was discontinued prior to October 2017, was located in the home's medication cart.

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: Yes Date(s) of Previous Violation(s): 08/07/2017

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)

The above plan of correction was approved by [Signature]
(Initials)

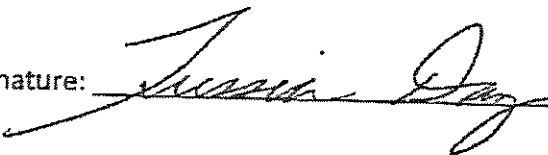
Plan of correction implementation status as of 1/29/18
(Date)

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

PLAN OF CORRECTION TEMPLATE

Community Name: Magnollas of Chambersburg
License Number: 307690
Date of Visit: 1/18/2018
Date of Submission: 1/26/2018

1. **Violation Review:**
2600.183(d) - Only current prescriptions, OTC, sample and CAM for individuals living in the home may be kept in the home.
2. **Violation Interpretative Statement:**
On 1/18/2018, a container of Amitriptylin 10mg for Resident 1, that was discontinued prior to October 2017, was located in the home's medication cart.
3. **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.
4. **Description of the Repair of the Immediate Problem:**
A complete audit of med cart was completed for all residents and for Resident 1 Amitriptylin was pulled from the cart on 1/18/2018 and returned to the pharmacy see attached (exhibit A medication destruction log).
5. **Determine / document the Root Cause of the Violation:**
When audit was complete by DCS discontinued medication was over looked and not removed from the cart and destroyed, ED/DRCS failed to follow up a review of the audit to confirm all discontinued medications were removed.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
Executive Director developed an audit check list of medication cart for a weekly audit of discontinued medication and a bi-weekly audit to be performed by Director of Resident Care effective 1/29/2018. See attached (exhibit B Med Cart Audit Checklist)

Authorized Signature:  Date: 1-26-18