



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 03 2018

Ms. Loriann Putzier,
President & Chief Officer of Operations
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's Bureau of Human Services Licensing's annual licensing inspection on May 22, 2018 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.

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

PCH Name: MAGNOLIAS OF LANCASTER		License Number: 32259
Address: 1870 ROHRESTOWN ROAD, LANCASTER, PA 17601		County: Lancaster
Administrator: Jessica Eters		Region: CENTRAL
Legal Entity Name: TITHONUS LANCASTER LP		
Legal Entity Address: 6800 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy		
C-2 LP	I-2	
03/24/1998	10/20/2008	
Labor and Industry	E. Hempfield Twp.	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspection Dates and Department Representatives On-Site		
05/22/2018: Springs, Israel; Cargile, Kellie		
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: 38 Number of Residents Served: 26 Secured Dementia Care Unit in Home: Yes Area: Entire facility Secured Dementia Unit Capacity, if Applicable: 38 Number of Residents Served in Secured Dementia Care Unit, if applicable: 26 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 0

Violation Report: 32259 - 05/22/2018 - Springs, Israel
PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 65 Pa. Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1 was not signed by the resident.

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.

REFER TO PAGES 2A AND 2B

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jessica Pter

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

Jessica Pter, Executive Director

Date 7/19/18

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

The above plan of correction is approved as of BAS
(Date)

Plan of correction implementation status as of 7/19/18
(Date)

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

The above plan of correction was approved by 7/19/18
(Initials)

JUL/18/2018/WED 04:29 PM

FAX No.

P. 004

JUL/16/2018/MON 07:39 PM

FAX No.

P. 002

PLAN OF CORRECTION PAGE 2A OF 4

Community Name: Magnolias of Lancaster


License Number: 32259

Date of Visit: 05/22/2018

Date of Submission: 07/16/18

1. Violation Review: 2500.25 (b): The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co-signed by the resident's designated person if any, if the resident agrees.
2. Violation Interpretative Statement: The contract for Resident #1, was not signed by the Resident.
3. Review the benefit of the Regulation, per RCG: Signing the contract constitutes a pledge by both parties to abide by the specified terms of the contract.
4. Description of the Repair of the Immediate Problem:
Audit existing Resident's contracts to determine and document the contracts without signatures, and the record shall be kept as part of the plan for compliance by 8/1/18. Contracts cannot be signed after-the-fact. Review the expectation with the Sales and Marketing Director Executive Director to monitor signatures, or "unable to sign" indicated on each future contract to meet compliance.
5. Determine / document the Root Cause of the Violation: Underlying factors for Residents not signing the contract is that the home provides memory care exclusively, and our Residents are moderate to advanced stage. Residents are often not physically or cognitively capable of signing the contract, or it is upsetting for them to do so, and the families are resistant to have them endure this.

Authorized Signature



Date:

7/16/18

PLAN OF CORRECTION

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

a. Changing practice?

b. Teaching or Training?

The Expectation and requirement will be reviewed with the Sales and Marketing Director

c. On-going Monitoring?

The Executive Director will monitor with each new admission

7. Designated position responsible and specify target date for correction.

- The Director of Sales and Marketing will audit and document the contracts needing signatures by 8/1/18
- The Executive Director shall maintain the documentation as a part of the plan of correction
- By 7/25/18, the Executive Director shall review the requirement under 2600.25 with the Sales and Marketing Director and develop strategies for overcoming the objections of families and Residents based on their abilities and willingness to sign. The importance of documenting the signature or the ability of the Resident onto the contract will be specified, and the review and the expectation will be documented for the POC.
- The Contract for every admission will be reviewed within 24-hours of admission by the Executive Director for compliance. Immediately and on-going.

Authorized Signature

[Handwritten Signature]

Date:

7/16/18

Violation Report: 32259 - 05/22/2018 - Springs, Israel
 FCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The facility did not conduct a fire drill during the month of June 2017.

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.

REFER TO PAGE 3A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessira Gitter, Executive Director</i>	Date <i>7/18/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/19/18
 (Date)

Plan of correction implementation status as of 7/19/18
 (Date)

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

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

JUL/18/2018/WED 04:30 PM

FAX No.

P. 007

JUL/16/2018/MON 07:39 PM

FAX No.

P. 004

PLAN OF CORRECTION

PAGE 3A OF 4

Community Name: Magnollas of Lancaster

License Number: 32259

Date of Visit: 05/22/2018

Date of Submission: 07/16/18

1. Violation Review: 2600.132 (a): An unannounced fire drill shall be held at least once a month.
2. Violation Interpretative Statement: The facility did not conduct a fire drill during the month of June 2017.
3. Review the benefit of the Regulation, per RCG: Unannounced drills ensure that staff and residents will be prepared to evacuate without hesitation in the event of a real fire.
4. Description of the Repair of the Immediate Problem: Review of the regulation with the Maintenance Supervisor by 7/21/18.
5. Determine / document the Root Cause of the Violation: The facility was between Maintenance Supervisors and the Administrator did not recognize that the fire drill had not been accomplished in June 2017.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice?
 - b. Teaching or Training?
 - c. On-going Monitoring? The Maintenance Supervisor attended Train-the-trainer training from the Fire Safety Expert, and has not missed conducting a fire drill since beginning employment. The monthly fire drills are tracked in the Preventative Maintenance System, which alerts the ED and Regional support that a fire drill has not been conducted. The Executive Director will place a "ticker" in her Outlook calendar to verify that the Fire drill has occurred by the 20th of each month to facilitate compliance.
7. Designated position responsible and specify target date for correction. The Executive Director will place a "ticker" in her Outlook calendar to verify that the Fire drill has occurred by the 20th of each month to facilitate compliance, monitoring to commence immediately and on-going.

Authorized Signature



Date:

7/16/18

Plan of Correction Template

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ADM040

Violation Report: 32259 - 05/22/2018 - Springs, Israel
 FCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 65 Pa. Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The Documentation of Medical Examination (DME) form for Resident #2, completed 5/10/18, was did not document the resident's ability to self-administer medications.

The DME form for Resident #1, completed 3/15/18, did not document the resident's Body Positioning/ Movement, Health Status, Cognitive Functioning, and Mobility Needs Assessment.

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.

REFER TO PAGE 4A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Jessica Miller, Executive Director

Date *7/18/18*

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

The above plan of correction is approved as of 7/19/18
 (Date)

Plan of correction implementation status as of 7/19/18
 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

PLAN OF CORRECTION

PAGE 4A OF 4

Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 05/22/2018

Date of Submission: 07/15/18

- 1. Violation Review: 2600.141 (a) (2): The medical evaluation must include the following (1) through (10).
- 2. Violation Interpretative Statement:

The Documentation of Medical Examination (DME) form for Resident #2, completed 5/10/18 did not document the resident's ability to self-administer medications.

The DME form for Resident #1, completed 3/15/18 did not document the residents' body positioning/movement, health status, cognitive functioning and mobility needs assessment.

- 3. Review the benefit of the Regulation, per RCG: Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.
- 4. Description of the Repair of the Immediate Problem:
The DME's are completed and attached.
- 5. Determine / document the Root Cause of the Violation: The facility was transitioning a new Director of Resident Care when the issues occurred. DME's will be reviewed by the new DRCS and the ED prior to accepting, and they will work with the MD to complete fully at the time of the review.
- 6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice?
 - b. Teaching or Training? The current Resident's DME's will be audited for completeness by the Director of Resident Care, and corrections that are lawful to be made, will be made.
 - c. On-going Monitoring? The DME will be reviewed for completeness by the Director of Resident Care Services and the Executive Director for annual renewals and significant changes, or residents returning from the hospital.

- 7. Designated position responsible and specify target date for correction.

The ED will review 2600.141 with the Director of Resident Care, including strategies for completion; and The ED will review new, annual and changed DME's for completeness by 7/20. The Director of Resident Care Services will perform an audit on the current Residents' DME's to check for completeness. This will be done by 7/27/18, and documentation of the audit will be maintained. The ED will work from a "tickler" for the annual DME requirements, and will monitor new and significant change DME's for completeness, on-going.

Authorized Signature

Date:

7/16/18