pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: October 26, 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 inspection on August 10, 2018, August 29, 2018, and October 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.

Sincerely,

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing 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 Etter | **Region:** CENTRAL

Legal Entity Name: TITHONUS LANCASTER LP

Legal Entity Address: 6600 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	East Hempfield Township

Staffing Hours

Resident Support: 0 | **Total Daily Staff:** 48 | **Waking Staff:** 36

Type of Inspection: Partial | **BHA Docket Number:** | **Notice:** Unannounced

Reason(s) for Inspection(s)

Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site

08/10/2018: Heemer, Laura; Swanger, Brett
08/29/2018: Heemer, Laura; Swanger, Brett

Off-Site Inspection Dates and Inspectors, if Applicable

08/29/2018: Heemer, Laura

Other Details

Partial or Full Triggers: | **Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 38

Number of Residents Served: 24

Secured Dementia Care Unit in Home: Yes

Area: the entire home is a secure unit

Secured Dementia Unit Capacity, if Applicable: 38

Number of Residents Served in Secured Dementia Care Unit, if applicable: 24

Number of Current Hospice Residents: 8

Number of Hospice Residents in past year: 12

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 24

Have Mental Illness: 0

Have an Intellectual Disabliity: 0

Have a Mobility Need: 24

Have a Physical Disability: 0

Violation Report: 32259 - 08/10/2018 - Heemer, Laura
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 7/21/2018, the home became aware of Resident 1 displaying sexually inappropriate behavior. Resident 1 was found standing in front of Resident 2 with his/her pants and underwear down around Resident 1's ankles. Resident 1's genital area was being touched by Resident 2. The home did not initiate a formal plan to provide additional supervision to either of the residents to address this incident.
On 7/31/2018, the home developed an assessment and support plan for Resident 1. The plan did not identify the sexually inappropriate behaviors and develop a plan for increased supervision.

On 8/5/2018, Resident 1 was observed by staff with Resident 1's pants and underwear down at Resident'1's ankles. Resident 1 was forcing the hand of Resident 3 toward Resident 1's genital area. Staff reported that Resident 3 is non-verbal, but was displaying body language that indicated Resident 3 was agitated. The home did not initiate a formal plan to provide additional supervision to either of the residents to address this incident and did not update Resident 1's assessment and support plan to identify the sexually inappropriate behaviors and develop a plan for increased supervision.
On 8/6/2018, Staff heard Resident 2 shouting "Don't hurt me, Don't Hurt me". Upon entering the bedroom of Resident 2, staff observed Resident 1 lying on the bed behind Resident 2 wearing a shirt and no other clothing. Resident 1 had his/her arms around Resident 2 and was grabbing the wrist of Resident 2. The home did not initiate a formal plan to provide additional supervision to either of the residents to address this incident and did not update Resident 1's assessment and support plan to identify the sexually inappropriate behaviors and develop a plan for increased supervision.
The home neglected to sufficiently address Resident 1's sexually aggressive behaviors, which placed other residents of the home, including Resident 2 and Resident 3, in risk of harm.
On 8/5/2018 Resident 1 was observed by staff with Resident 1's pants and underwear down at Resident'1's ankles. Resident 1 was forcing the hand of Resident 3 toward Resident 1's private genital area. Staff report that Resident 3 is non-verbal. Staff assessed Resident 3 to be displaying body language that indicated Resident 3 was agitated.
On 8/6/2018 Staff heard Resident 2 shouting "Don't hurt me, Don't Hurt me". Upon entering the bedroom of Resident 2, staff observed Resident 1 to be lying on the bed behind Resident 2. The arms of Resident 1 were around Resident 2 and Resident 1 was grabbing the wrist of Resident 2. Resident 1 was wearing a shirt and no other clothing.

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) Megan Campbell

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

Date 092718

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

The above plan of correction is approved as of 10/1/18 (Date)

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

Plan of correction implementation status as of 10/26/18 (Date)

- ☐ Fully Implemented
- ☒ XX Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 8/10/18 & 8/29/18

Date of Submission: 9/24/18

1. Violation Review: 2600.42 (b):
   A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2. Violation Interpretative Statement:
   On 7/21/2018, the home became aware of Resident 1 displaying sexually inappropriate behavior. Resident 1 was found standing in front of Resident 2 with his/her pants and underwear down around Resident 1's ankles. Resident 1's genital area was being touched by Resident 2. The home did not initiate a formal plan to provide additional supervision to either of the residents to address this incident.

   On 7/31/2018, the home developed an assessment and support plan for Resident 1. The plan did not identify the sexually inappropriate behaviors and develop a plan for increased supervision.

   On 8/5/2018, Resident 1 was observed by staff with Resident 1's pants and underwear down at Resident 1's ankles. Resident 1 was forcing the hand of Resident 3 toward Resident 1's genital area. Staff reported that Resident 3 is non-verbal, but was displaying body language that indicated Resident 3 was agitated. The home did not initiate a formal plan to provide additional supervision to either of the residents to address this incident and did not update Resident 1's assessment and support plan to identify the sexually inappropriate behaviors and develop a plan for increased supervision.

   On 8/6/2018, Staff heard Resident 2 shouting "Don't hurt me, Don't Hurt me". Upon entering the bedroom of Resident 2, staff observed Resident 1 lying on the bed behind Resident 2 wearing a shirt and no other clothing. Resident 1 had his/her arms around Resident 2 and was grabbing the wrist of Resident 2. The home did not initiate a formal plan to provide additional supervision to either of the residents to address this incident and did not update Resident 1's assessment and support plan to identify the sexually inappropriate behaviors and develop a plan for increased supervision.

   The home neglected to sufficiently address Resident 1's sexually aggressive behaviors, which placed other residents of the home, including Resident 2 and Resident 3, in risk of harm.

Authorized Signature Megan Campbell Date: 092718

3. Review the benefit of the Regulation, per RCG:
   Prevents residents from abuse and neglect.

4. Determine / document the Root Cause of the Violation:
   With the reporting of the incident on 7/21/18 and subsequently, there should have triggered an action to update Resident #1 Assessment and the Support Plan interventions and a method by which such changes would be communicated and enacted. At the time of the incidents the community had a relatively new Director of Resident Care Services (DRCS) and relatively new Executive Director who did not apply any methods by which to accomplish this. The Executive Director is no longer at the home.

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

   a) Changing practice? As a function of incidents and incident reports, the DRCS will review the Resident's current Assessment to determine which updates to make, and if the plan to address Resident needs need to be modified or adapted. The updates will be dated to reflect the incidents. Updates will be communicated.

   b) Teaching or Training? The DRCS will be retrained in the company's policy on Incidents and the process by which the Resident Assessment and Support Plans are updated and communicated, relating to incidents.

   c) On-going Monitoring? Daily, the Executive Director and the Executive Director in Training will review the Communications Log, Assignment documentation for incidents and Incident reports as a "trigger" for updates to Resident Assessment and Support Plans, and subsequent communication. Situations and interventions will be discussed during change of shift. Immediately and on-going.

6. Designated position responsible and specify target date for correction:
   The Director of Resident Care Services and the Executive Director in Training will ensure that the Resident Assessment and Support Plans are modified to reflect the changing needs of Residents, effective immediately. The Executive Director will monitor these changes and the communication function, along with the effectiveness of the interventions. Immediately and on-going.

Authorized Signature Megan Campbell Date: 092718

Violation Report: 32259 - 08/10/2018 - Heemer, Laura
PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The Medical Evaluation for Resident 2's admission into the home (a Secured Dementia Care Unit) was completed six days after the resident's admission.

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 3A and 3B

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

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 8/10/18 & 8/29/18

Date of Submission: 9/24/18

1. Violation Review:
2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2. Violation Interpretative Statement:
The Medical Evaluation for Resident 2's admission into the home (a Secured Dementia Care Unit) was completed six days after the resident's admission.

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 date could not be changed, after-the-fact. The Sales Manager was re-educated on the requirement and the rationale for timely medical evaluation.

5. Determine / document the Root Cause of the Violation:

The Sales Director held a misconception that there was a grace period on the timeliness of the completion of the DME, and the family was desperate to provide secured care for their family member.

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

Authorized Signature Megan Campbell Date: 092718

a. Changing practice? The Executive Director is accountable to review the admissions paperwork for all Residents prior to admission, regardless of the circumstance for the admission. Such review will take place prior to admission.

b. Teaching or Training? The Director of Sales and Marketing, who secures such paperwork as a part of the admissions process was re-educated on the requirement and the rationale for it.

c. On-going Monitoring? The ED will verify the completeness and timeliness of DME paperwork for admissions and annual evaluations. All DME's were audited for completion and corrections were made with physician approval, as necessary.

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

The Sales Director understands the requirement and will comply, effective immediately, for all new admissions. The Executive Director understands the requirement and will verify the completion and timeliness of all DME's for admissions. Immediately and on-going review and verification.

Authorized Signature Megan Campbell Date: 092718

Violation Report: 32259 - 08/10/2018 - Heemer, Laura
PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600
2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
On 7/21/2018, 8/5/2018 and 8/6/2018 Resident 1 exhibited sexual inappropriate behaviors towards other residents of the home. The resident's most recent support plan ,developed 7/31/2018 does not reflect these behaviors or services to address them, and has not been updated to address these issues.

The support plan of Resident 2 identifies Resident 2 as having an extensive need for supervision. The plan to meet this need on the support plan instructs staff to refer to Resident 2's Emergency Transfer paperwork. The Emergency Transfer paperwork does not document a plan to meet the supervision needs of Resident 2.

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 4A and 4B

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Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 8/10/18 & 8/29/18

Date of Submission: 9/24/18

1. Violation Review:
2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2. Violation Interpretative Statement:
On 7/21/2018, 8/5/2018 and 8/6/2018 Resident 1 exhibited sexual inappropriate behaviors towards other residents of the home. The resident's most recent support plan, developed 7/31/2018 does not reflect these behaviors or services to address them, and has not been updated to address these issues.

The support plan of Resident 2 identifies Resident 2 as having an extensive need for supervision. The plan to meet this need on the support plan instructs staff to refer to Resident 2's Emergency Transfer paperwork. The Emergency Transfer paperwork does not document a plan to meet the supervision needs of Resident 2.

3. Review the benefit of the Regulation, per RCG:
Ensures there is a plan to serve Residents with challenging behavior as soon as possible.

4. Description of the Repair of the Immediate Problem:
The Resident's physical condition has changed in that he now uses a wheel chair for ambulation. The Resident's support plan has been amended to reflect the behaviors noted, and document the requirement for more supervision.

5. Determine / document the Root Cause of the Violation:
The new Director of Resident Care and the Executive Director were lacking in awareness as to what follow on steps were necessary for incidents.

6. Detail Action Steps / System Developed to prevent future occurrence:
The Executive Director is no longer with the community, and the Director of Resident Care has been re-trained in the assessment and support plan development in response to incidents to include how to modify the Resident's RASP.

Authorized Signature Megan Campbell Date: 092718

a. Changing practice? As a function of incidents and incident reports, and changes for the Resident, the DRCS will review the Resident's current Assessment to determine which updates to make, and if the plan to address Resident needs need to be modified or adapted. The updates will be dated to reflect the incidents. Updates will be communicated.

b. Teaching or Training? The DRCS has been retrained in the company's policy on Incidents and the process by which the Resident Assessment and Support Plans are updated and communicated, relating to incidents. Week of 9/24/18, specifically

c. On-going Monitoring? The Director of Resident Care Services and the Executive Director in Training will ensure that the Resident Assessment and Support Plans are modified to reflect the changing needs of Residents, effective immediately. The Executive Director will monitor these changes and the communication function, along with the effectiveness of the interventions. Immediately and on-going.

7. Designated position responsible and specify target date for correction. The Executive Director will monitor incidents, reports and changes to ensure RASPs are updated to reflect Resident needs to include more frequent monitoring for behavioral needs.

Authorized Signature Megan Campbell Date: 09/27/18