



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Ms. Loriann Putzier
President & Chief Operating Officer
Tithonus Chambersburg LP
C/O Integracare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

APR 03 2019

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

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 4, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 30767 - 01/04/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 12/21/18, 12/24/18 and 12/30/18, from 10 pm to 6 am the following day, 25 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid.

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 "POC" pg 3 Page 2A of 5
 See "Attachment #1 and #2"
 pgs 4 & 5

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 2-8-19

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

The above plan of correction is approved as of	3/11/19 (Date)	Plan of correction implementation status as of 3/11/19 (Date)
The above plan of correction was approved by	GE (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

Community Name: Magnolias of Chambersburg- Bldg 1
 License Number: 307670
 Date of Visit: January 4, 2019
 Date of Submission: February 8, 2019

1. Violation Review:
 On 12/21/18, 12/24/18, and 12/30/18, from 10pm to 6 am the following day, 25 residents were present in the home. During this time no staff person were present in the home who were certified in first aid.
2. Violation Interpretative Statement:
 2600.63 (a)- At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.
3. Review the benefit of the Regulation, per RCG:
 Ensures that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to respond to simultaneous emergency situation (for example, if one resident is choking while another resident experiences cardiac arrest).
4. Description of the Repair of the Immediate Problem:
 All resident care staff will be trained in First Aid by 2/15/19. The Tickler system was updated by DRCS of First Aid and CPR training status on 1/9/19.
5. Determine / document the Root Cause of the Violation:
 CPR training did not include First Aid training per regulation 2600.63 (a).
6. Detail Action Steps / System Developed to prevent future occurrence:
 The DRCS and ED will monitor\review Outside Providers credentials for CPR/First Aid Training prior schedule training to ensure appropriate training is being provided. The Director of Resident Care will continue to be responsible for keeping tickler system for all team members CPR and First Aid Status. The ED will monitor the tickler system monthly to assure all direct care staff members are compliant per regulation monthly a calendar notification ED's Outlook Calendar. (Attachments #1 and #2)
 Staff training needs will be addressed at the home's periodic quality management reviews. - GE
7. Designated position responsible and specify target date for correction.
 First Aid Training- Outside Provider by 2/15/19
 DRCS/ED-tickler system update and monitoring

Authorized Signature *Jessie Day, ED*

Date: 2-8-19

Violation Report: 30767 - 01/04/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600
 2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
 On 1/4/19 at 10:40 am, when residents were present in the home, the temperature in the activity room used by the residents was 67.8 degrees Fahrenheit.

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 "POC" pg 7 Page 3A of 5
 See "attachment #3"
 pg 8

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 *2-8-19*

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Community Name: Magnolias of Chambersburg- Bldg 1
 License Number: 307670
 Date of Visit: January 4, 2019
 Date of Submission: February 8, 2019

1. Violation Review:
 On 1/4/19 at 10:40 am, when residents were present in the home, the temperature in the activity room used by the residents was 67.8 degrees Fahrenheit.
2. Violation Interpretative Statement:
 2600.83 (a)- The indoor temperature, in areas used by the residents, shall be at least 70 degrees Fahrenheit when residents are present in the home.
3. Review the benefit of the Regulation, per RCG:
 Reduces the likelihood that older residents and residents with special medical needs will be medically compromised by temperature extremes.
4. Description of the Repair of the Immediate Problem:
 On, 1/4/19 the temperature was increased to an appropriate setting and within 30 minutes temperature had increase to 72 degrees.
5. Determine / document the Root Cause of the Violation:
 Temperature was not maintained at an appropriate temperature for common area per regulation 2600.83(a).
6. Detail Action Steps / System Developed to prevent future occurrence:
 DRC will be educated on 2/13/19 to report to managers a room temperature in which feels cold or to warm so ESD can immediately adjust temperature appropriately. ESD will monitor all common area environments daily with a walk through and document on Daily Stand up sheet that appropriate temps are maintained effective 2/5/19. (Attached Stand-up sheet for check off that temps are appropriate). (Attachment #3)
7. Designated position responsible and specify target date for correction.
 ESD-daily check of environment effective 2/5/19

Authorized Signature *Teresa Day, ED*

Date: 2-8-19

Violation Report: 30767 - 01/04/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 On 1/4/19, the blister pack of Oxycodone / APAP 5-325 mg, prescribed to Resident #1, had two tablets which were exposed. One blister was punctured and the tablet was partially exposed. Another blister was opened and a piece of transparent tape covered the open blister. The blue Oxycodone tablet was adhered to the tape.

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 "POC" pg 10 Page 4A of 5

See "attachment #4"
pg 11

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) <i>Tressia Day, Executive Director</i>	Date <i>2-8-19</i>
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Community Name: Magnolias of Chambersburg- Bldg 1
 License Number: 307670
 Date of Visit: January 4, 2019
 Date of Submission: February 8, 2019

1. Violation Review:

On 1/4/19, the blister pack of Oxycodone/APAP 5-325 mg, prescribed to Resident #1, had two tablets which were exposed. One blister was punctured, and the tablet was partially exposed. Another blister was opened, and a piece of transparent tape covered the open blister. The blue Oxycodone table was adhered to the tape.

2. Violation Interpretative Statement:

2600.183 (e)- Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacture's instruction.

3. Review the benefit of the Regulation, per RCG:

Ensures that medications will be stored in a manner that prevents damage or loss.

4. Description of the Repair of the Immediate Problem:

Oxycodone/APAP 5-325mg, was immediately destroyed (see attached destruction log), DCS (Med Assist) were education immediately in regard to regulation 2600.183 (e) proper conditions of sanitation of medication.

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

DRC (Med Assist) were not properly educated on the sanitation conditions of medication if tape covers the blister pack and touches medication.

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

In addition to ongoing staff education on 1/29/19, the DRCS will continue to audit all medication carts weekly, with the ED as a secondary auditor to ensure compliance with the regulation and the safety of the residents. An additional education will be held on 2/13/19 to review the medication policy this education will be held by the DRCS. (Attachment # 4)

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

DCS/DRCS continued education 2/13/19
 ED auditor effective immediately

Authorized Signature *Jessica Day, ED*

Date: 2-8-19

Violation Report: 30767 - 01/04/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted to the Secure Dementia Care Unit on 9/21/18. The resident's cognitive screening was completed on 5/2/18.

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 "POC" pg 13 Page 5A of 5

See "attachment #5"
pg 14

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 *2-8-19*

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Community Name: Magnolias of Chambersburg- Bldg 1
 License Number: 307670
 Date of Visit: January 4, 2019
 Date of Submission: February 8, 2019

1. Violation Review:

Resident #2 was admitted to the Secure Dementia Care Unit on 9/21/18. The resident's cognitive screening was completed on 5/2/18.

2. Violation Interpretative Statement:

2600.231 (c)- A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

3. Review the benefit of the Regulation, per RCG:

It is important that a person find a home that can provide the series (s)he needs; completing a written cognitive preadmission screening in collaboration with a physician or geriatric assessment team prior to admission to the secured dementia care unit helps both the resident and home establish what kinds of services the resident needs.

4. Description of the Repair of the Immediate Problem:

DRCS was unable to complete immediate repair of the problem she will complete an audit of all other SDCU prescreens to assure compliance has been followed.

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

DRCS/ED failed to review cognitive screening on preadmission screening to assure compliance of 72 hr regulation, Move-N associate on several attempts tried to reach PCP for reevaluation but failed to have an update completed.

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

The Move-In Associate and DRCS will review all cognitive pre-admission screenings for all resident prior to moving into SDCU effective immediately 2/5/19 for next move in, to verify completion no more than 72hrs prior to admission. ED will also review pre-admission screening for compliance, an addition signature will be required by ED on Checklist admission form immediately. (see attached admission checklist form) (Attachment # 5)

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

DRCS/Move-In Associate- immediately and ongoing
 ED immediately and ongoing 2/5/19

Authorized Signature Jessica Day, ED

Date: 2-8-19