



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 22, 2019

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 January 7, 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 violations cited 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.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 32259 - 01/07/2019 - Heemer, Laura

PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

Resident 1's support plan was revised on 11/11/2018 and 12/21/2018. These support plans did not contain the signature of resident nor documentation of the resident's inability or refusal to sign.

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 Attached
Plan of Correction*

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Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Julia M. Seifried

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

Julia M. Seifried

Date *1/21/2019*

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

The above plan of correction is approved as of 1/22/19
(Date)

Plan of correction implementation status as of 1/22/19
(Date)

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

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

Community Name: Magnolias of Lancaster

License Number: 322590

Date of Visit: 1/7/2019

Date of Submission: 1/21/2019

1. Violation Review:

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2. Violation Interpretative Statement:

Resident 1's support plan was revised on 11/11/2018 and 12/21/2018. These support plans did not contain the signature of resident nor documentation of the resident's inability or refusal to sign.

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

If a resident and/or designated person participates in the development of the support plan and is unable or chooses not to sign and date the support plan, noting this in the record provides a record of who participated in the development of the support plan for future reference purposes (even though the persons did not sign).

Description of the Repair of the Immediate Problem:

Worked with the Resident to sign her Support Plan/s on 11/11/18 & 12/21/18 and found her unable to sign. Documented unable to sign on Support Plan.

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

Education was provided to the LPN who completed the Assessment and the Executive Director on necessary follow through when the Resident Assessment and Support Plan are finalized and placed in the electronic medical record.

Detail Action Steps / System Developed to prevent future occurrence:

- a. Changing practice?
An Audit was conducted on active support plans to identify signatures and the resident's ability to sign the RASP. Moving forward the person completing the RASP will print it, sign it and assure that all relevant parties: Resident, Responsible Party and Team Members are made aware of the completion. Effective immediately.
- b. Teaching or Training?
- c. On-going Monitoring? Designated position responsible and specify target date for correction.
 - ED/Compliance Nurse/DRCS will complete a monthly audit.

Authorized Signature Julia M. Seifried

Date: 1/21/2019