



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: May 7, 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 April 18, 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

Facility Information

Name: *MAGNOLIAS OF LANCASTER*
Address: *1870 ROHRESTOWN ROAD, LANCASTER, PA 17601*
County: *LANCASTER* Region: *CENTRAL*

License Number: *322590*

Administrator

Name: *Julie Seifried* Phone: *7175601100* Email:

Legal Entity

Name: *TITHONUS LANCASTER LP*
Address: *C/O INTEGRACARE CORP 6600 BROOKTREE COURT, SUITE 1000, PA, 15090*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

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

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

04/17/2019 - Off-Site: Jason McCloskey

04/18/2019 - On-Site: Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* Residents Served: *24*

Secured Dementia Care Unit

In Home: *Yes* Area: *whole building* Capacity: *38* Residents Served: *24*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *24* Have Physical Disability: *0*

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident 1 had a motorized reclining chair in his room. Staff noticed that the chair was malfunctioning and had documented that the family was notified of the condition on 4/2/19. No repairs had been made to the chair and the chair had not been removed from the residents room by 4/12/19, when, at approximately 5:00 pm, the chair caught on fire.

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 pages 2A and 2B

Legal Entity Representative

Julia M Seifried
Signature

Julia M Seifried 5/3/19
Printed Name and Title Date

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The above plan of correction is approved as of 5/7/19
(Date)

Plan of correction implementation status as of 5/7/19
(Date)

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

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

PLAN OF CORRECTION

Community Name: Magnolias of Lancaster

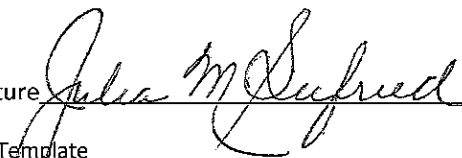
License Number: 322590

Date of Visit: 4/18/2019

Date of Submission: 5/3/2019

1. **Violation Review:** Regulation 2600.95 Furniture and Equipment- Furniture and equipment must be in good repair, clean and free of hazards.
2. **Violation Interpretative Statement:** Resident 1 had a motorized lift chair in the room. Staff noticed that the chair was malfunctioning and had documented that the family was notified of the condition on 04.02.2019. No repairs had been made to the chair and the chair had not been removed from the resident's room by 04.12.2019 when at approximately 5:00pm, the chair caught on fire.
3. **Review the benefit of the Regulation, per RCG:** This regulation assists in insuring the home is a safe place to reside and minimize incidents such as the one described in the POC from occurring.
4. **Description of the Repair of the Immediate Problem:** Chair removed. Family contacted regarding the incident and removal of the damaged chair.
5. **Determine / document the Root Cause of the Violation:** Immediate removal of chair did not occur when mechanical problem was reported.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 Maintenance Supervisor to inspect equipment / furniture for safety upon admission. Furniture/equipment which does not pass inspection will be immediately removed from the community. Condition and disposition of Furniture/Equipment provided will be notated on Inventory Sheet at time of admission. Semi-annual inspections will take place in accordance with the admission dates to determine continued safe working order. Documentation of initial inspection will be notated on the Admission Sheet and the Resident's Inventory Sheet. These notes will be placed in the home's electronic medical record. Semi Annual Inspections will be documented in the home's electronic medical record. Reminders to complete task will be sent via Microsoft Outlook to Maintenance Supervisor/ED.

Authorized Signature



Date:

5.3.19

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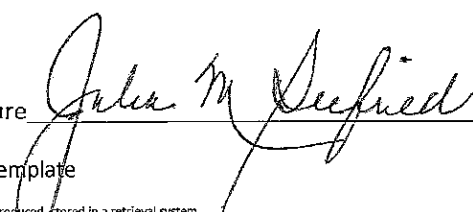
Housekeeping Team will inspect equipment during routine housekeeping duties notify Maintenance Supervisor or Designee if equipment requires further inspection, reporting mechanical concerns. This task will be added to the room cleaning checklist.

- a. **Changing practice?** Increased monitoring of furniture/equipment.
- b. **Teaching or Training?** Housekeeping Team/Maintenance Supervisor will be re-educated on new practice to observe and report. Wellness Team will be trained to survey room during times of care and when utilizing equipment and to report issues if needed to Maintenance Supervisor or Designee.
- c. **On-going Monitoring:** Daily, weekly, monthly and semi-annually and upon issue being observed and reported.

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

Maintenance Supervisor, Housekeeping Team, DRCS, ED, Wellness Team – 4/12/019

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5.3.19

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident 1 is prescribed Minerin cream to be applied 2 times daily to his lower extremities. On 3/21/19 at approximately 7:15am, the resident was found to possess a container of Minerin cream that had been left unlocked and accessible to the resident. This resident has been assess as incapable of self-administration of medications.

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 pages 3A and 3B

Legal Entity Representative

Julia M. Seifried
Signature

Julia M. Seifried
Printed Name and Title

5/3/19
Date

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PLAN OF CORRECTION

Community Name: Magnolias of Lancaster

License Number: 322590

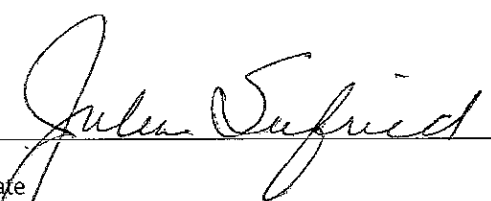
Date of Visit: 4/18/2019

Date of Submission: 5/3/2019

1. **Violation Review: 2600.183b** Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.
2. **Violation Interpretative Statement:** Resident 1 is prescribed Minerin Cream to be applied 2xs daily to his lower extremities. On 03.02.2019 at approximately 7:15am the resident was found to possess a container of Minerien Cream that had been left unlocked and accessible to the resident. The resident has been assessed as incapable of self-administration of medications.
3. **Review the benefit of the Regulation, per RCG:** Compliance of this regulation ensures the health, safety and wellbeing of all Residents residing in the home.
4. **Description of the Repair of the Immediate Problem:** The cream was removed from the Resident's unit, and the physician and poison control were consulted. It was determined that the Resident was not in danger from the cream.

All prescription medication, OTC medications, Cam and syringes are stored in the locked Wellness Center in the medication cart or individual storage containers labeled with the Resident's name and room #. All prohibited items with the label, "if ingested call poison control" are located in individual storage boxes labeled with the Resident's name and room # and locked in the secure Shower Room area in a locked closet. Weekly room checks for prohibited items are assigned as a task during either 7-3/3-11 shift. Prohibited items, if located, are removed and notated in the notes section of the electronic medication administration record. The ICC policy regarding prohibited items will be reviewed with the Family or responsible party of Residents found to be in possession of prohibited items.

5. **Determine/document the Root Cause of the Violation:** The MA became distracted and inadvertently left the cream behind when she left the room. MA was counseled by ED/DRCS and reviewed the issue and how to prevent it from occurring again.

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Date: 5.3.19

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6. **Detail Action Steps / System Developed to prevent future occurrence:** Re-education of Wellness Team (DRCS/LPNs, RCAs) on the importance of this regulation as it effects the health, safety and well being of all Residents in our home.
- a. Changing practice? Re-organization of medications in the Medication Cart, Cupboards of the Wellness Center, and individual shower rooms was conducted immediately following the incident on 03.02.2019.
 - b. Teaching or Training? Review of policies concerning the usage and storage of prescription medications, OTC medications, CAM and syringes, as well as personal care items and the importance of monitoring on continual basis. Observe and report. Take from room and place in a secure area.
 - c. On-going Monitoring? Each shift is responsible for daily monitoring of this issue as well as the Housekeeping Team.
7. **Designated position responsible and specify target date for correction.**
ED/DRCS/MAs/RCAs/Housekeeping. Correction occurred 03.02.2019.

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Date: _____

5.3.19

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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Hospice services were initiated for Resident 1 on 3/20/19. The resident's most recent support plan, dated 3/11/19, was not updated to document the contact information for the provider and include these services that the provider will perform for the resident.

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 pages 4A and 4B

Legal Entity Representative

Julia M. Seifried
Signature

Julia M. Seifried 5/7/19
Printed Name and Title Date

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PLAN OF CORRECTION

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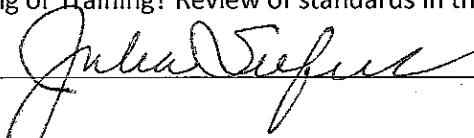
License Number: 322590

Date of Visit: 4/18/2019

Date of Submission: 5/3/2019

1. **Violation Review:** 2600:227. D Violation Interpretative Statement: Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.
2. **Description of Violation:** Hospice Services were initiated for Resident 1 on 03.20.2019. The resident's most recent support plan, dated 03.11.2019, was not updated to document the contact information for the provider and include these services that the provider performs for the resident.
3. **Review the benefit of the Regulation,** per RCG: That all parties involved in the RASP development are informed when a significant change occurs.
4. **Description of the Repair of the Immediate Problem:** Re-education with ED/ DRCS conducted by ICC Compliance Coordinator. Reviewed RCG guidelines.
5. **Determine / document the Root Cause of the Violation:** Not completing a new RASP for resident to indicate the significant change that occurred within the time parameters sent forth in the RCG.
6. **Detail Action Steps / System Developed to prevent future occurrence:** Re-education has occurred concerning the time parameters RASP completion: Initial, Annual and Significant Change. Significant Change criteria reviewed: What is a significant change and time frame in which a significant change must be documented, and a new RASP developed.
 - a. Changing practice? DRCS has reviewed the requirements for change of condition and the requirement for the time frame in which a significant change, new RASP must be completed.
 - b. Teaching or Training? Review of standards in the RCG.

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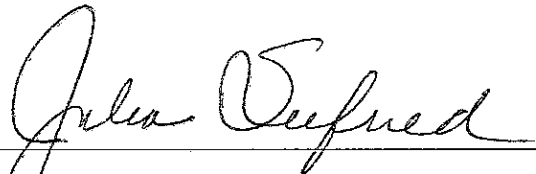
c. On-going Monitoring? DRCS/ED/ICC Compliance Coordinator

7. Designated position responsible and specify target date for correction. ED/DRCS/ ICC Compliance Coordinator. Re-education provided by ICC Compliance Coordinator will occur by 05.06.2019.

*The administrator, and/or designated staff member, will perform an audit of the most recently completed resident assessments and support plans (RASPs) for the current residents of the home to ensure that the plan contains proper documentation of the residents services and service providers. The audit and any updates will be completed within 20 days from the receipt of this plan.

BAS 5/6/19

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The home developed a new support plan for Resident 1 on 3/11/19. The support plan did not include the signatures of people participating including the home's representative, the resident, and the resident's responsible person. Nor did the plan document that the resident or the resident's responsible person were incapable or refused to sign.

Plan of Correction (POC)

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See pages 5A and 5B

Legal Entity Representative

Julia M. Seifried
Signature

Julia M. Seifried *5/3/19*
Printed Name and Title Date

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PLAN OF CORRECTION

Community Name: Magnolias of Lancaster

License Number: 322590

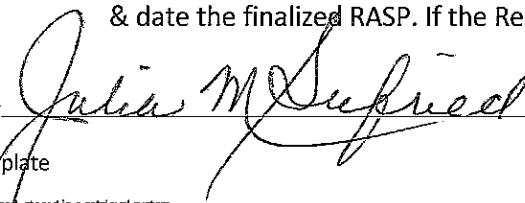
Date of Visit: 4/18/2019

Date of Submission: 5/3/2019

1. **Violation Review: 2600.227.g:** Individuals who participate in the development of the support plan, shall sign and date the support plan.
2. **Violation Interpretative Statement:** The home developed a new support plan for Resident 1 on 3/11/19. The support plan did not include the signatures of people participating including the home's representative, the resident and the resident's responsible party. Nor did the plan document that the resident's responsible person was incapable or refused to sign.
3. **Review the benefit of the Regulation, per RCG:** Awareness of all areas of the support plan developed for the resident.
4. **Description of the Repair of the Immediate Problem:** The immediate problem is a processing problem: Follow the three Step Process complete the RASP, immediately send to the printer, and Assessor signs.
5. **Determine / document the Root Cause of the Violation:** Inconsistent follow through of the process: RASP printed, sent to printer, reviewed and signed by appropriate parties.
6. **Detail Action Steps / System Developed to prevent future occurrence:**

- RASP will be printed upon completion, reviewed, and signed by appropriate parties
- Team Member completing the document needs to ensure that their signature and date of completion is indicated in the appropriate space in compliance with regulations, immediately upon completion.
- Resident needs to be afforded the opportunity to sign the RASP on day of completion and if they are unable to do so that needs to be indicated on the RASP in the appropriate space in compliance with regulation.
- Resident's designated person will be contacted via phone or email to set up a time to review RASP, Resident's designated person will be given the opportunity to participate with the finalization of RASP and be asked to sign & date the finalized RASP. If the Resident's designated person chooses not

Authorized Signature



Date:

5.3.19

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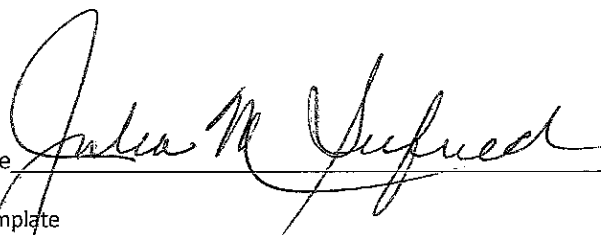
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to participate and/or sign RASP, refusal to sign will be documented on the signature page of the RASP.

- Finalized RASP will be placed maintained in the Resident's chart. Finalized RASP will be reviewed with team members and a copy of RASP will be placed in the Life Stories binder. Resident and/or Resident's designated person will be provided with a copy of the RASP upon request.
 - a. Changing practice? Compliance to the detail action steps/systems and consistent follow through of the process.
 - b. Teaching or Training?
 - Review regulatory compliance regarding assessment and support plans.
 - Review RASP development and implementation with DRCS.
 - c. On-going Monitoring?
 - Monthly Audit of RASP by ED/ICC Compliance Coordinator.
7. Designated position responsible and specify target date for correction.
- ED/DRCS/ICC Compliance Coordinator – Immediate Review of all current RASPS in Resident's Chart occurred 4/29/19-5/2/19.

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5/3/19

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