



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 3, 2020

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

RE: Magnolias of Chambersburg- Building 1
735 Norland Avenue
Chambersburg, Pennsylvania 17201
Certificate #: 307670

Dear Ms. Putzier:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 3, 2019 of the above facility, we have determined that your submitted plan of correction is implemented. Continued compliance must be maintained.

Sincerely,

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

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: MAGNOLIAS OF CHAMBERSBURG - BUILDING 1

License Number: 30767

Address: 735 NORLAND AVENUE,, CHAMBERSBURG, PA 17201

County: FRANKLIN

Region: CENTRAL

Administrator

Name: Kristine Wenrick

Phone: 7172646000

Email:

Legal Entity

Name: TITHONUS CHAMBERSBURG, LP

Address: 6600 BROOKTREE COURT,SUITE 1000, C/O INTEGRACARE CORP, WEXFORD, PA, 15090

Certificate(s) of Occupancy

Type: C-2 LP

Date: 03/20/1998

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 34

Waking Staff: 26

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

12/03/2019 - On-Site: Israel Springs, Dale Rosenblat

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 26

Residents Served: 17

Secured Dementia Care Unit

In Home: Yes

Area: Building 1

Capacity: 26

Residents Served: 17

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 17

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 17

Have Physical Disability: 0

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person A provides unsupervised direct care services to residents in the home. There is no record for this staff person's successful completion and passing of the completion of Department-approved direct care training course and competency test.

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.)

Staff person A went online and completed and passed the Department approved Competency Test. Staff person A had received training in ADLS/IADLS during orientation per ICC standards. The former DRCS had failed to assure this criteria had been met for her team member.

All future hires will not be permitted to perform ADLS prior to completing the Competency test. The ASD and EOO will complete an audit of all personnel file within the next four weeks to assure compliance with this regulation.

ASD, RWD and EOO will consistently use the Employee File Content Form (see attached) to assure all necessary documentation is in personnel files.

Legal Entity Representative

Kristine Wenrick

Signature

Kristine Wenrick EOO

Printed Name and Title

12/23/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12/24/2019 (Date) Plan of correction implementation status as of 1/3/2020 (Date)

Implemented

Not Implemented

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

227h - Support Plan Refuse Sign

Regulations

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.

Description of Violation

The Support Plan for Resident #2, dated 2/1/19, was not signed by the resident and there was no documentation that the resident refused or was unable to sign.

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.)

The support plan was completed by former DRW who failed to make the necessary notation of ability to sign on Support plan. The proper notation of inability to sign was corrected the day of survery on Resident #2 support plan. The EOO will do complete chart audits on resident charts in the next four weeks to assure compliance with this regualtion.

Legal Entity Representative

Kristine Wenrick

Signature

Kristine Wenrick EOO

Printed Name and Title

12/23/19

Date

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