



Sent via e-mail [lputzier@integracare.com; jseifried@integracare.com;
mcampbell@integracare.com]

MAILING DATE: June 12, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on February 5, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *MAGNOLIAS OF LANCASTER*

License Number: *32259*

Address: *1870 ROHRESTOWN ROAD,, LANCASTER, PA 17601*

County: *LANCASTER*

Region: *CENTRAL*

Administrator

Name: *Julia Seifried*

Phone: *7175601100*

Email: *LPUTZIER@INTEGRACARE.COM*

Legal Entity

Name: *TITHONUS LANCASTER, LP*

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

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *58*

Waking Staff: *44*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

02/05/2020 - On-Site: Kellie Cargile

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38*

Residents Served: *29*

Secured Dementia Care Unit

In Home: *Yes*

Area:

Capacity: *38*

Residents Served: *29*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *29*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *29*

Have Physical Disability: *0*

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
- 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
- 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
- 4. Special health or dietary needs of the resident.
- 5. Allergies.
- 6. Immunization history.
- 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- 8. Body positioning and movement stimulation for residents, if appropriate.
- 9. Health status.
- 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated 10/12/19, did not include the resident's weight, pulse rate, temperature, blood pressure, body functioning, health status, and cognitive functioning.

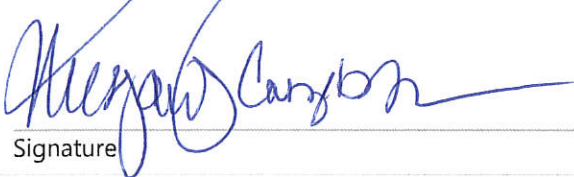
Plan of Correction (POC)

(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 Attachment

Page 2A of 2

Legal Entity Representative


Signature

Megan Campbell II, COO/Integrative Care
Printed Name and Title
Date 6/9/2020

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

The above plan of correction is approved as of 6/12/20
(Date)

Plan of correction implementation status as of 6/12/20
(Date)

Implemented

Not Implemented

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

PLAN OF CORRECTION

Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: February 5, 2020

Date of Submission: June 9, 2020

1. Violation Review:

2600.141 (a): A resident shall have a medical evaluation by a Physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department within 60 days prior to admission or within 30 days after admission.

2. Violation Interpretative Statement:

Resident P.B medical evaluation, dated 10/12/19, did not include the residents' weight, pulse rate, temperature, blood pressure, body functioning, health status, and cognitive functioning

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:

Resident Wellness Director (RWD) contacted physician and a new DME was completed on 2/11/2020

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

Original DME was filed into the chart prior to review by RWD. RWD will establish process for timely review of DME for completeness.

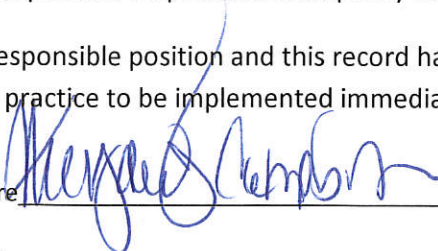
6. Detail Action Steps / System Developed to prevent future occurrence:

- An audit of DME's was conducted by the RWD for completeness, related to 2600.141 (a) on 2/6 and 2/7
- A training session was held to alert all MA staff to the need to have RWD review DME's prior to posting to the chart. Documentation maintained.
- All DME documentation will be reviewed by the RWD upon admission, change of condition or upon annual update prior to posting, and TM's have been educated to the new process. On-going Monitoring?

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

RWD is responsible position and this record has been corrected as of February 15, 2020, and review of practice to be implemented immediately.

Authorized Signature



Date:

June 9, 2020