

Department of Human Services
Bureau of Human Service Licensing

September 18, 2020

TITHONUS LANCASTER, LP
6600 BROOKTREE COURT,SUITE 1000
C/O INTEGRACARE CORP
WEXFORD, PA, 15090

RE: MAGNOLIAS OF LANCASTER
1870 ROHRESTOWN ROAD
LANCASTER, PA, 17601
LICENSE/COC#: 32259

Dear Mr. Ellis ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/08/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *MAGNOLIAS OF LANCASTER* License #: *32259* License Expiration Date: *07/21/2020*
 Address: *1870 ROHRESTOWN ROAD, LANCASTER, PA 17601*
 County: *LANCASTER* Region: *CENTRAL*

Administrator

Name: *Jonathan Ellis* Phone: *717-560-1100* Email: *jellis@integracare.com*

Legal Entity

Name: *TITHONUS LANCASTER, LP*
 Address: *6600 BROOKTREE COURT, SUITE 1000, C/O INTEGRACARE CORP, WEXFORD, PA, 15090*
 Phone: *7175601100* Email: *jellis@integracare.com*

Certificate(s) of Occupancy

Type: *1-2* Date: *10/20/2008* Issued By: *Hempfield Twp.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *50* Waking Staff: *38*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/17/2020*

Inspection Dates and Department Representative

06/08/2020 - Off-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* Residents Served: *25*

Secured Dementia Care Unit

In Home: *Yes* Area: *Magnolias of Lancaster* Capacity: *38* Residents Served: *25*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *2*

Inspections / Reviews

06/08/2020 - Partial

Lead Inspector: *Laura Heemer* Follow-Up Type: *POC Submission* Follow-Up Date: *06/29/2020*

Inspections / Reviews (*continued*)

7/17/2020 - POC Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *POC Submission*Follow-Up Date: *07/21/2020*

7/28/2020 - POC Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *Document Submission*Follow-Up Date: *08/31/2020*

9/18/2020 - Document Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 had extensive cognitive impairment dementia, and the assessment and support plan, dated 3/29/2020, indicates that she required extensive assistance with supervision. On 5/25/2020, staff of the home contacted Emergency Medical Services (EMS) to obtain transportation to the hospital due to concerns for Resident #1's health. Resident #1 was in her wheelchair and placed near in the main room near the front entrance of the home. No staff person was with the resident or present in the room to supervise the resident and provide entry to the locked unit when EMS arrived.

Plan of Correction - 07/28/2020

Accept

911 Protocol developed and training began on 6/27/20 to educate all current DCS regarding Emergency protocol to ensure Resident supervision until EMS assesses and transports them from the Community. Remaining team training will be completed by 7/31/2020.

Completion Date: 07/31/2020

Document Submission - 09/18/2020

Implemented

data sent

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was prescribed Pain Relief 500 mg, take 2 tablets by mouth, twice daily. On 5/24/2020 at 8pm, the staff member who administered this medication crushed the pills in pudding before giving it to the resident. The home has no orders from the physician directing that this medication should be crushed and administered in this manner.

Plan of Correction - 07/28/2020

Accept

Resident Wellness Director obtained an order Resident from Medical Director on 6/17/20 - "May crush meds as needed and offer in pudding, applesauce, ice cream."

A review of all resident medication needs was conducted by the Resident Wellness Director between June 17, 2020 and June 24, 2020. Changes were sent to the prescribing doctor and have been updated accordingly. Resident Wellness Director will review with MA staff the keys to identifying a need to change the method of administration in the monthly MA meeting scheduled for July 28, 2020.

Completion Date: 07/31/2020

Document Submission - 09/18/2020

Implemented

Data sent