

Department of Human Services
Bureau of Human Service Licensing

August 16, 2021

[REDACTED], CHIEF OPERATING OFFICER
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *MAGNOLIAS OF LANCASTER* License #: *32259* License Expiration Date: *07/21/2021*
 Address: *1870 ROHRESTOWN ROAD, LANCASTER, PA 17601*
 County: *LANCASTER* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/20/2008* Issued By: *Hempfield Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/05/2021*

Inspection Dates and Department Representative

04/05/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* Residents Served: *16*

Secured Dementia Care Unit

In Home: *Yes* Area: *Mem Care* Capacity: *38* Residents Served: *16*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *16*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

04/05/2021 - Full

Lead Inspector: *Israel Springs* Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2021*

Inspections / Reviews *(continued)*

8/13/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/20/2021*

8/16/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Standards Act requires that an approved carbon monoxide alarm be installed in a central location on the same level as the resident bedrooms. The home did not have a CO detector in A Wing in proximity to the exhaust vent.

Plan of Correction

Accept

A carbon monoxide detector/alarm device was installed by Safety and Maintenance Engineer (SME) within the A Wing of the home in proximity to the exhaust vent on 4/5/21 and properly documented completion within the Direct Supply Tels program. The SME shall check each wing of the home to ensure appropriate carbon monoxide alarm devices are present and working within all designated areas of the home on at least a monthly basis during safety inspections conducted by the SME or appropriate designee, in compliance with the Care Facility Carbon Monoxide Standards Act.

Completion Date: 04/05/2021

Document Submission

Implemented

All steps have been completed and will continue to monitored/addressed as written.

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

There was no record of CPR and first aid training for Staff Member A and Staff Member B.

Plan of Correction

Accept

CPR and First Aid training was provided by a certified instructor through the American Safety and Health Institute for Staff Member B and C, in addition to other staff in attendance on 4/8/21. Staff Member A did not receive the training on this date; however, the management at the home has subsequently ensured that at least one CPR and First Aid trained staff member has worked and been present in the home at all times in compliance with 2600.63.a. regulations. Staff Member A has since resigned and newly hired staff are currently certified by American Heart Association to provide CPR and First Aid as needed. Training certification requirements shall be monitored and tracked by the homes Administrative Services Director or appropriate designee to ensure compliance with all training-specific regulatory requirements for each staff member, with proper documentation maintained to correspond with completion of each training. Staff training needs will be included in the home's periodic quality management reviews.

Completion Date: 04/08/2021

Document Submission

Implemented

All steps have been completed and will continue to monitored/addressed as written.

65b - Rights/Abuse 40 Hours

1. Requirements

65b - Rights/Abuse 40 Hours (*continued*)

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

The home's training records did not include residents' rights and mandatory reporting of abuse and neglect within the first 40 hours for Staff Member C.

Plan of Correction**Accept**

Although Staff Member C had attended general/initial orientation during the week of 9/8/20 which includes in its curriculum a session that addresses resident rights and mandatory reporting requirements for abuse and neglect, training documentation was not able to be obtained to verify the training had occurred. Paperwork was attempted to be retrieved by all potential means to no avail and therefore verbal retraining and knowledge testing occurred with Staff Member C by Executive Operations Officer on or before 5/1/21 to ensure compliance with regulatory guidelines. Plan of Correction 2600.65.i. below further addresses the root cause of non-compliance with 2600.65.b. by addressing systems of accurate and timely training documentation/maintenance of current training records. Staff training needs will be included in the home's periodic quality management reviews.

Completion Date: 05/01/2021

Document Submission**Implemented**

All steps have been completed and will continue to monitored/addressed as written.

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The training record for Staff Member C did not include the names of the staff member and the trainer.

Plan of Correction**Accept**

A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received shall be kept in the home's training binder and maintained by the Administrative Services Director or appropriate designee for all current employees, beginning with initial orientation paperwork for all employees hired on or following 4/5/2021. The home's Regional Director of Operations, [REDACTED] shall monitor the binder during monthly visits to ensure that it is maintained per regulatory requirements. Staff training needs will also be included in the home's periodic quality management reviews.

Completion Date: 04/30/2021

Document Submission**Implemented**

All steps have been completed and will continue to monitored/addressed as written.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103f - Refrigerator/Freezer Temps (continued)

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the refrigerator located in the "Country Kitchen."

Plan of Correction

Accept

The thermometer in the refrigerator located in the "Country Kitchen" was replaced by the home's interim Resident Wellness Director on the date of inspection, 4/5/21 to ensure compliance with regulatory requirements. The Medication Assistant assigned to each shift, or appropriate designee, is required to monitor the thermometers in each of the three refrigerator/freezer areas outside the main kitchen (which is independently monitored by dining staff) each day and record the temperature for each on a temperature log to ensure constant monitoring and compliance with these requirements.

Completion Date: 04/05/2021

Document Submission

Implemented

All steps have been completed and will continue to be monitored/addressed as written.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

An expired container of [redacted] dated 11/30/2019 for Resident #1, was found in the home's medication cart.

Plan of Correction

Accept

On the date of inspection, 4/5/21, the home's LPN Supervisor sent a fax to Resident 1's physician and pharmacy to obtain a discontinued order of PRN Xanax for an expired prescription written on 11/30/19. The order was obtained and the remaining medication was destroyed on 4/5/21. A new prescription for this medication was also obtained via request and a new supply was obtained from the pharmacy on 4/7/21. A system was developed and implemented on 4/5/21 to ensure a weekly medication audit is conducted by the Resident Wellness Director or appropriate designee, with documentation maintained for each audit to include any follow-up actions required in response to the audit.

Completion Date: 04/05/2021

Document Submission

Implemented

All steps have been completed and will continue to be monitored/addressed as written.