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

December 27, 2022

, REGIONAL DIRECTOR OF OPERATIONS
TITHONUS LANCASTER, LP

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

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/22/2022, 11/23/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *MAGNOLIAS OF LANCASTER* **License #**: *32259* **License Expiration**: *07/21/2023*

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

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *TITHONUS LANCASTER, LP*

Address:

Phone: **Email**:

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**: *62* **Waking Staff**: *47*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *11/23/2022*

Inspection Dates and Department Representative

11/22/2022 - On-Site:

11/23/2022 - On-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *31*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire Home* **Capacity**: *38* **Residents Served**: *31*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *31*

Diagnosed with Mental Illness: *16* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *31* **Have Physical Disability**: *0*

Inspections / Reviews

11/22/2022 Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/15/2022*

12/15/2022 - POC Submission

Submitted By: **Date Submitted**: *12/23/2022*

Reviewer: **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *12/22/2022*

Inspections / Reviews *(continued)*

12/27/2022 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/23/2022*

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

According to the Influenza Awareness Act (NH 1785). Assisted Living Residences must post the required influenza information in a public place in the residence year-round. At the time of inspection, the required influenza information was not posted in the home.

Plan of Correction ***Accept (- 12/15/2022)***

Influenza information per Influenza Awareness Act (NH 1785) was provided to Administrator by DHS licensing inspector on 11/22/22 and Administrator posted within the residence in a public place on 11/22/22.
Retraining was provided on 11/22/22 to Administrator by licensing inspector and Regional Director of Operations regarding the responsibility to maintain all required posting in a public place throughout the year, to include required information related to the Influenza Awareness Act (NH 1785). All other required postings were verified to be present in a public place within the residence on 11/22/22 by Administrator.
Effective December 2022, Administrator shall review all designated public posting areas within the residence at least once per calendar month to verify all required postings are present and intact, documenting month's findings and immediately addressing any concerns as they may arise. Documented monthly audits shall be discontinued following 6 consecutive months of 100% documented compliance with no concerns noted.

Licensee's Proposed Overall Completion Date: *12/31/2022*

Implemented (- 12/27/2022)

25b Contract Signatures

2. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated for Resident #1 was not signed by the resident, nor was there a mark indicating that the resident is not competent to sign.

The resident-home contract, dated , for Resident #2 was not signed by the resident, nor was there a mark indicating that the resident is not competent to sign.

The resident-home contract, dated for Resident #3 was not signed by the Resident, nor was there a mark indicating that the resident is not competent to sign.

25b Contract Signatures *(continued)*

Plan of Correction ***Accept (- 12/15/2022)***

Administrator retrained the Community Relations Director on 11/22/22 regarding the requirement to ensure all resident contracts are signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. This shall include a mark from the resident on the contract where appropriate and indicated the resident is not competent to sign.
Administrator shall review all resident contracts on or before 12/16/22 and obtain signatures or resident marks on all resident contracts with missing signature/mark no later than 12/22/22.
Effective 12/16/22, Administrator shall review all resident contracts within 2 business days of each subsequent admission and/or resident contract update to ensure all required signatures, including resident mark where applicable, are present, documenting findings of each review and immediately addressing any concerns as they may be noted. Documented reviews shall be discontinued following 6 consecutive months of 100% documented compliance with no concerns noted.

Licensee's Proposed Overall Completion Date: *12/31/2022*

Implemented (- 12/27/2022)

82c - Locking Poisonous Materials

3. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A 10 ounce spray bottle of concentrated sanitizer/virucide all purpose disinfectant, with a manufacture's label indicating "call poison control center if swallowed", was unlocked, unattended, and accessible to residents on top of the whirlpool spa tub in the spa of Hall D. Not all the residents of the home, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept (- 12/15/2022)***

Safety and Maintenance Engineer removed the H2Orance concentrated disinfectant from the spa tub of Hall D immediately upon discovery on 11/23/22 during inspector's physical site walk through and secured it in a locked cupboard intended for poisons.
All other areas of the residence were observed by the Safety and Maintenance Engineer to be compliant with the requirement to properly secure poisonous substances on 11/23/22. Administrator provided retraining to the Housekeeping Department on 11/23/22 regarding the requirement to store poisonous substances in a secured location inaccessible to residents who have not been assessed to be safe with poisons.
Effective December 2022, Administrator shall conduct unannounced bi weekly audits of at least 2 resident rooms, 2 spa rooms and 2 common areas of the home, documenting findings of each review and immediately addressing any concerns as they may be noted. Documented reviews shall be discontinued following 6 consecutive months of 100% documented compliance with no concerns noted.

Licensee's Proposed Overall Completion Date: *12/31/2022*

Implemented (- 12/27/2022)

103e - Left Overs

4. Requirements

2600.
103.e. Food served and returned from an individual’s plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated tray of partially consumed tiramisu found in the side-by-side refrigerator in the kitchen.

Plan of Correction ***Accept (- 12/15/2022)***

On 11/23/22, Administrator discarded unlabeled, undated tray of partially consumed tiramisu discovered in the refrigerator in the home's kitchen.
All other food items in the home's food storage areas were observed by the Administrator to be compliant with the requirement to labeled and dated on 11/23/22. Administrator provided retraining to members of the Dining Department on 11/23/22 and 11/24/22 regarding the requirement to label and date all leftover food prior to storing in the home.
Effective December 2022, Administrator shall conduct unannounced bi-weekly audits of food storage areas within the home, documenting findings of each review and immediately addressing any concerns as they may be noted. Documented reviews shall be discontinued following 6 consecutive months of 100% documented compliance with no concerns noted.

Licensee's Proposed Overall Completion Date: *12/31/2022*

Implemented - 12/27/2022)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.
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 freezer portion of the refrigerator/freezer in the kitchenette between the dining room and the kitchen.

Repeat Violation - 4/5/21

Plan of Correction ***Accept - 12/15/2022)***

On 11/23/22, the Community Relations Director located and placed a thermometer in the freezer portion of the refrigerator/freezer in the kitchenette between the dining room and the kitchen immediately upon discovery that it was missing during the home's inspection.
All other refrigerators and freezers within the home were observed by the Administrator to be compliant with the requirement to have working thermometers present in each on 11/23/22. Administrator provided retraining to members of the Dining Department on 11/23/22 and 11/24/22 regarding the requirement to ensure each refrigerator and freezer has a working thermometer at all times to ensure food temperatures are properly maintained.

103f Refrigerator/Freezer Temps (continued)

Effective December 2022, Administrator shall conduct unannounced bi weekly audits of refrigerators and freezers within the home, documenting findings of each review (including temperatures recorded for each at time of review) and immediately addressing any concerns as they may be noted. Documented reviews shall be discontinued following 6 consecutive months of 100% documented compliance with no concerns noted.

Licensee's Proposed Overall Completion Date: *12/31/2022*

Implemented (█ - 12/27/2022)

103g - Storing Food

6. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The following items were found open to the air in unsealed containers in the right side of the "meat freezer" in the kitchen:
a bag of frozen round sausage patties.
a bag of frozen beer battered Cod. The open bag was loosely wrapped in plastic wrap, but open to the air and not sealed.
a bag of 6 frozen fish filets.

Plan of Correction ***Accept (█ - 12/15/2022)***

On 11/23/22, Administrator discarded food items stored in unsealed containers discovered in the meat freezer in the home's kitchen, to include a bag of frozen round sausage patties, a bag of frozen beer battered Cod, and a bag of 6 frozen fish fillets.
All other food items in the home's food storage areas were observed by the Administrator to be compliant with the requirement to be stored in closed or sealed containers on 11/23/22. Administrator provided retraining to members of the Dining Department on 11/23/22 and 11/24/22 regarding the requirement to store food items in closed or sealed containers in the home, including use of storage bags intended to be used for freezer storage (with sealing mechanism included).
Effective December 2022, Administrator shall conduct unannounced bi weekly audits of food storage areas within the home, documenting findings of each review and immediately addressing any concerns as they may be noted. Documented reviews shall be discontinued following 6 consecutive months of 100% documented compliance with no concerns noted.

Licensee's Proposed Overall Completion Date: *12/31/2022*

Implemented (█ - 12/27/2022)

183d - Prescription Current

7. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current *(continued)*

Description of Violation

A 36 oz container of Thick-It food and drink thickener prescribed to Resident #4 was found on the counter of the kitchenette between the dining room and the kitchen. This resident no longer resides in the home as she is deceased.

Repeat Violation 4/5/21

Plan of Correction ***Accept (- 12/15/2022)***

On 11/23/22, Administrator discarded Thick-it food and drink thickener prescribed to Resident #4 (recently deceased) that was stored on the counter of the kitchenette between the dining room and the kitchen.
A full audit occurred on 11/24/22 by Resident Wellness Director of the home's medication cart and additional locked medication storage area, verifying that only current prescription, OTC, sample and CAM for individuals living in the home are currently kept in the home. Effective 12/22/22, Resident Wellness Director shall utilize an audit form to monitor medication audits conducted by an LPN or Medication Associate on at least a weekly basis, ensuring that only current prescriptions are present within the home. Resident Wellness Director shall implement a resident discharge checklist prior to 12/22/22 to be used for all subsequent resident discharges/deaths, including the reminder to dispose of all medications per agency protocol.
Effective December 2022, Administrator shall conduct unannounced monthly audits of medication storage areas within the home, documenting findings of each review and immediately addressing any concerns as they may be noted. Documented reviews shall be discontinued following 6 consecutive months of 100% documented compliance with no concerns noted.

Licensee's Proposed Overall Completion Date: *12/31/2022*

Implemented (- 12/27/2022)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

*Resident #3 is prescribed solution sublingually every 2 hours as needed for *respiratory rate above n. However, this medication was not available in the home.*

Plan of Correction ***Accept - 12/15/2022)***

On , Hospice nurse made the recommendation to the physician to discontinue Resident #3's order due to no documented use within the past 6 months. The physician approved the order to discontinue the .
A full audit occurred on 11/24/22 by Resident Wellness Director of the home's medication cart and additional locked medication storage area, verifying that all resident's medications are available in the home, readily accessible to follow physician's orders. Effective 12/22/22, Resident Wellness Director shall utilize an audit form to monitor comprehensive medication audits conducted by an LPN or Medication Associate on at least a monthly basis, comparing all resident's physician's orders with medications stored within the residence to ensure proper reordering procedures are followed and medications are readily available for administration per physician's orders.

187d - Follow Prescriber's Orders (continued)

Effective December 2022, Administrator shall conduct unannounced monthly audits of medication storage areas within the home, documenting findings of each review and immediately addressing any concerns as they may be noted. Documented reviews shall be discontinued following 6 consecutive months of 100% documented compliance with no concerns noted.

Licensee's Proposed Overall Completion Date: *12/31/2022*

Implemented (- 12/27/2022)

224a - Preadmission Screen Form

9. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated , does not include the resident's IADL needs, sensory needs, nor medical psychological and behavioral diagnoses.

Plan of Correction ***Accept (- 12/15/2022)***

On 11/23/22, Administrator retrained Community Relations Director and Resident Wellness Director regarding the requirement to ensure that a determination is made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.
A full audit occurred on 11/24/22 by Resident Wellness Director of all resident's preadmission screening forms, verifying that all prescreening forms have completed fields necessary in the determination within 30 days prior to admission that the needs of each resident can be met by the services provided by the home.
Effective 12/16/22, Administrator shall review all preadmission screening forms prior to admission of resident and document the review in the margin of the document with date and time of review, verifying all fields have been completed within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. Documented reviews shall be discontinued following 6 consecutive months of 100% documented compliance with no concerns noted.

Licensee's Proposed Overall Completion Date: *12/31/2022*

Implemented (- 12/27/2022)

227g -Support Plan Signatures

10. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Staff Member A participated in the development of the support plan for Resident #3 on . However, Staff Member A did not sign the support plan.

227g Support Plan Signatures *(continued)*

Plan of Correction ***Accept (- 12/15/2022)***

On Staff Member A signed the support plan for Resident #3 that Staff Member A participated in the development of on . On , Staff Member A was retrained by Resident Wellness Director regarding the requirement to sign and date the support plan for which they have participated in the development.
A full audit shall occur by 12/22/22 by Resident Wellness Director of all resident's support plans, verifying that all support plans have been signed by all members participating in the development of each plan. As applicable, any further discrepancies in signatures included shall be addressed (signed by all parties) prior to 12/29/22.
Effective December 2022, Administrator shall conduct at least monthly reviews of 25% of resident's records to verify all support plans are appropriately completed with signature. Documented reviews shall be discontinued following 6 consecutive months of 100% documented compliance with no concerns noted.

Licensee's Proposed Overall Completion Date: *12/31/2022*

Implemented - 12/27/2022)