

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

April 20, 2023

[REDACTED]
TITHONUS LANCASTER, LP
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2023 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,
[REDACTED]

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

Legal Entity

Name: *TITHONUS LANCASTER, LP*
 Address: *6600 BROOKTREE COURT, SUITE 1000, C/O INTEGRACARE CORP, WEXFORD, PA, 15090*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/24/1998* Issued By: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *03/22/2023*

Inspection Dates and Department Representative

03/22/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *38* Residents Served: *32*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Magnolias of Lancaster* Capacity: *38* Residents Served: *32*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *32* Have Physical Disability: *0*

Inspections / Reviews

03/22/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/03/2023*

04/03/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/19/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/10/2023*

Inspections / Reviews *(continued)*

04/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/18/2023

04/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The home has a delayed locking device on the main exit door at the front of the home.

On 3/22/2023, the directions for operating the home's delayed locking mechanism were not posted.

Plan of Correction

Accept (CR - 04/11/2023)

On 3/22/23, Administrator posted the directions for the home's delayed locking mechanism at the main exit door at the front of the home.

Retraining was provided on 3/22/23 to Administrator by licensing inspector and Regional Director of Operations regarding the responsibility to ensure that signage is located at all exit door locations of the home with directions for operating the home's delayed locking mechanism. All other exit doors of the home with delayed locking mechanisms were reviewed by licensing representative and Administrator on 3/22/23 and verified to be in compliance. All other team members in the residence will be trained no later than 4/15/23 regarding the required signage at each exterior door with a delayed locking mechanism, including the requirement to immediately contact the Administrator and/or manager on duty at any time that it may be discovered as not present to assure immediate corrective actions are implemented. Titles of those to receive training include Resident Wellness Associates, Medication Associates, Directors, Hospitality Associates, Cooks, and Life Stages Associates and training will be provided by Administrator. Additionally, this training topic shall be added to the Department Orientation Checklists by the Administrator, on or before 4/15/23, for each position to ensure incoming team members are aware of this regulatory requirement and reporting procedure through their department orientation as presented by the designated orientation trainer. Effective April 1, 2023, Administrator or Safety and Maintenance Engineer shall review all exterior doors within the residence at least once per calendar month within the first five days of the month to verify all required signage is present and intact at each required location, documenting each month's findings and immediately addressing any concerns as they may arise.

Licensee's Proposed Overall Completion Date: 04/15/2023

Implemented (CR - 04/20/2023)

233d - Electronic/Magnetic System

2. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

The home has a delayed locking device on the main exit door at the front of the building. When pushed, an alarm sounds and the lock is to be released in 15 seconds. However, on 3/22/2023 at approximately 1:10 PM, the push bar was activated and the door opened without delay.

233d - Electronic/Magnetic System (continued)**Plan of Correction****Accept (CR - 04/11/2023)**

Immediately upon discovery of the malfunction of the main exit door at the front of the residence on 3/22/23, Administrator engaged the Safety and Maintenance Engineer in the process of contacting vendors for repair. Additionally, door supervision assignments were implemented on 3/22/23 by Administrator, with specified team members assigned as responsible for visually monitoring the door at all times throughout each shift until the door was repaired on 3/23/23 at approximately 1:00pm by Alwine Security. Administrator and Safety and Maintenance Engineer reviewed all exterior exit doors of the residence on 3/22/23 and verified that all other exit doors were functioning properly with the delayed release feature. On or before 4/15/23, Administrator shall provide training to all members of the team regarding the continued responsibility to monitor all residents with a history of activating the delayed locking mechanism on the exterior doors of the residence, as the door will open within 15 seconds of being activated, even if the resident is not continuously pushing the bar for 15 seconds. Titles of those to receive training include Resident Wellness Associates, Medication Associates, Directors, Hospitality Associates, Cooks, and Life Stages Associates. Additionally, this training topic shall be added to the Department Orientation Checklists by the Administrator for each position to ensure incoming team members are aware of this regulatory requirement and reporting procedure, on or before 4/15/23. Effective April 1, 2023, Administrator or Safety and Maintenance Engineer shall review all exterior doors within the residence at least once per calendar month within the first five days of the month to verify each is functioning properly with a delayed release, documenting each month's findings and immediately addressing any concerns as they may arise.

Licensee's Proposed Overall Completion Date: 04/15/2023**Implemented (CR - 04/20/2023)**