

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

February 14, 2024

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/27/2023 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: *07/21/2024*  
 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: [Redacted]  
 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: *62* Waking Staff: *47*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *09/27/2023*

**Inspection Dates and Department Representative**

09/27/2023 - On-Site: [Redacted]

**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: *30*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *31* Have Physical Disability: *1*

**Inspections / Reviews**

09/27/2023 - Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *10/22/2023*

10/25/2023 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *12/04/2023*  
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *11/01/2023*

Inspections / Reviews (*continued*)

11/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/20/2023

02/14/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Staff Member B stated that an allegation of abuse occurred involving Staff Member A and Resident [redacted] on [redacted], at [redacted] while Staff Member A and Staff Member B were providing care to Resident [redacted]. This allegation of abuse was not reported to the Local Area Agency on Aging until [redacted].

Plan of Correction

Directed [redacted] - 11/10/2023)

Upon learning of the incident on [redacted] the Executive Operations Officer submitted a verbal report to Lancaster County AAA (not [redacted] as outlined in the above Description of Violation). During the submission of the report, the SW for Lancaster County AAA did not believe the incident required investigation. There was no investigation completed by Lancaster County AAA for this allegation as they stated it did not meet the definition of abuse. Immediately upon learning of the incident, the RWD and EOO provided verbal coaching to the Staff Member A and Staff Member B about timely reporting. Once the investigation was complete and the community deemed the allegation unsubstantiated, the EOO and the RWD provided individual education and a written coaching to Staff Person A on [redacted].

Education will be provided to all staff regarding the process of reporting Abuse and Neglect and Resident's Rights by the Executive Operations Officer or Designee. Education to All Staff will be complete by [redacted].

On going compliance measures include review of abuse reporting during routine staff meetings, presentations to be completed by the EOO or Designee throughout the remainder of 2023.

The EOO will also ensure that timely abuse reporting is also be part of the community's annual Education Plan for in-services throughout 2024.

Proposed Overall Completion Date: 11/10/2023

(Directed)

- Immediately upon learning of the incident, the Resident Wellness Director (RWD) and Executive Operations Officer (EOO) provided verbal coaching to the Staff Member A and Staff Member B about timely reporting.
- On [redacted], the EOO was informed of the allegation of abuse which occurred on [redacted].
- On [redacted], the EOO made a verbal report to the Local Area Agency on Aging (AAA) and the Act 13 Mandatory Abuse Report Form was completed [redacted].
- Starting [redacted], the EEO will review abuse reporting procedures during routine staff meetings, and presentations to be completed by the EOO or Designee.
- Starting [redacted], the EEO will ensure AAA is contacted and the Act 13 Mandatory Abuse Reporting Form is completed in accordance with the 2600.15a Regulation.

Directed Completion Date: 11/10/2023

Implemented [redacted] - 12/04/2023)

16c - Written Incident Report

2. Requirements

2600.

16c - Written Incident Report (*continued*)

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

Staff Member B stated that an allegation of abuse occurred involving Staff Member A and Resident [REDACTED] on [REDACTED], at [REDACTED] while Staff Member A and Staff Member B were providing care to Resident [REDACTED]. This incident was not reported to the Department until [REDACTED].

**Plan of Correction**

Directed [REDACTED] - 11/10/2023)

Upon learning of the incident on [REDACTED], the Executive Operations Officer submitted a verbal report to Lancaster County AAA (not [REDACTED] as outlined in the above Description of Violation). During the submission of the report, the SW for Lancaster County AAA did not believe the incident required investigation. There was no investigation completed by Lancaster County AAA for this allegation as they stated it did not meet the definition of abuse.

Immediately upon learning of the incident, the RWD and EOO provided verbal coaching to the Staff Member A and Staff Member B about timely reporting. Investigation was initiated immediately by the EOO and RWD on [REDACTED].

Once the investigation was complete and the community deemed the allegation unsubstantiated, the EOO and the RWD provided individual education and a written coaching to Staff Person A on [REDACTED]. Report of the incident was sent to DHS within 24 hours of discovery.

Education will be provided to all staff regarding the process of reporting Abuse and Neglect and Resident's Rights by the Executive Operations Officer or Designee. Education to All Staff will be complete by [REDACTED]. This also initiates the routine review at future staff meetings.

On going compliance measures include review of abuse reporting during routine staff meetings, presentations to be completed by the EOO or Designee throughout the remainder of 2023.

The EOO will also ensure that timely abuse reporting is also be part of the community's annual Education Plan for in-services throughout 2024. The starting date that this abuse reporting review will be relevant will be for the training plan for the calendar year beginning [REDACTED]

Proposed Overall Completion Date: 11/10/2023

(Directed)

- Immediately upon learning of the incident, the Resident Wellness Director (RWD) and Executive Operations Officer (EOO) provided verbal coaching to the Staff Member A and Staff Member B about timely reporting of incidents.
- On [REDACTED], EOO was informed of the allegation of abuse which occurred on [REDACTED].
- On [REDACTED] at [REDACTED], the EOO reported the incident to DHS via the Incident Reporting Form.
- By [REDACTED], the EOO or Designee will conduct training of all staff on reportable incidents and conditions, to include the process of reporting abuse and neglect.
- Starting [REDACTED], the EOO will also ensure timely abuse reporting is part of the community's annual Education Plan for in-services throughout 2024.
- Starting [REDACTED], the EEO will ensure Incident Reporting Forms are completed in accordance with the 2600.16c Regulation.
- Starting [REDACTED] the EEO will review abuse reporting procedures during routine staff meetings, and presentations to be completed by the EOO or Designee.

Directed Completion Date: 11/10/2023

Implemented [REDACTED] - 12/04/2023)

## 42b - Abuse

**3. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED] at [REDACTED] Staff Member B witnessed Resident [REDACTED] strike Staff Member A. Immediately following this, Staff Member B witnessed Staff Member A strike Resident [REDACTED] in the chest. At [REDACTED] Resident [REDACTED] struck Staff Member A's sore thumb while care was being provided. Staff Member A shouted at the resident and struck Resident [REDACTED] in the arm.

**Plan of Correction****Directed [REDACTED] - 11/10/2023)**

Upon learning of the incident, the Executive Operations Officer and Resident Wellness Director immediately suspended Staff Member A pending investigation on [REDACTED]. During the submission of the report, the SW for Lancaster County AAA did not believe the incident required investigation. There was no investigation completed by Lancaster County AAA for this allegation as they stated it did not meet the definition of abuse.

Once the investigation was complete and the community deemed the allegation unsubstantiated, the Executive Operations Officer and the Resident Wellness Director provided individual education and a coaching to Staff Person A on [REDACTED].

Education will be provided to all staff regarding the process of reporting Abuse and Neglect and Resident's Rights by the Executive Operations Officer or Designee. Education to All Staff will be complete by [REDACTED]. This also initiates the routine review at future staff meetings.

On going compliance measures include review of abuse reporting during routine staff meetings, presentations to be completed by the EOO or Designee throughout the remainder of 2023.

The EOO will also ensure that timely abuse reporting is also be part of the community's annual Education Plan for in-services throughout 2024. The starting date that this abuse reporting review will be relevant will be for the training plan for the calendar year beginning [REDACTED]

Both Staff Member A and Staff Member B describe a singular instance of contract from Staff Member A and the resident, which is differs than what is outlined in the Description of Violation outlined above.

Proposed Overall Completion Date: 11/10/2023

(Directed)

- On [REDACTED], Staff Member A was suspended by the Executive Operations Officer (EOO) pending an investigation.
- Approximately [REDACTED] to [REDACTED], the EOO conducted an internal investigation on the allegation of abuse.

**42b - Abuse (continued)**

- On [REDACTED], the EOO and the Resident Wellness Director (RWD) provided a verbal warning and an individual educational handout to Staff Person A on How to Respond to Combative Behavior in Dementia.
- By [REDACTED], the EOO or Designee will provide education to all staff on abuse and neglect as well as the process of reporting abuse and neglect. The training will also focus on staff member to resident conduct when providing care. The EOO will ensure documentation of training is kept in the home.
- Starting [REDACTED], during the weekly staff meetings, the EOO will include the review of Abuse and Neglect and Resident Rights, to also include staff member to resident conduct when providing care. The EOO will ensure documentation of the meetings are kept in the home.

Directed Completion Date: 11/10/2023

Implemented [REDACTED] - 12/04/2023)