

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

April 11, 2024

[REDACTED], EOD
TITHONUS CHAMBERSBURG, LP
[REDACTED]
[REDACTED]
[REDACTED]

RE: MAGNOLIAS OF CHAMBERSBURG -
BUILDING 1
735 NORLAND AVENUE
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 30767

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/29/2024 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *MAGNOLIAS OF CHAMBERSBURG - BUILDING 1* License #: *30767* License Expiration: *03/29/2025*
 Address: *735 NORLAND AVENUE, CHAMBERSBURG, PA 17201*
 County: *FRANKLIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *TITHONUS CHAMBERSBURG, LP*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/20/1998* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/29/2024*

Inspection Dates and Department Representative

02/29/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *26* Residents Served: *24*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *26* Residents Served: *24*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

02/29/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/25/2024*

04/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/09/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/11/2024*

Inspections / Reviews *(continued)*

04/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/12/2024

04/11/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 has a prescription of a PRN medication of [REDACTED], one-half tab (25mg) by mouth every 8 hours as needed for [REDACTED]. However, on [REDACTED], this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 04/05/2024)

The medication had a refill request sent by Med tech (MH) but the pharmacy rejected the refill request without notifying the community. The medication refill request was given by the provider on 2/29/24 and filled at local pharmacy on date of survey, 2/29/24. EOO picked up the trazadone at local pharmacy and it was in the community for use by 6:30 pm should the Resident needed it at bedtime (when he typically needs it). RWD informed Polaris pharmacy on 3/1/2024 we need to receive a response from them should an order be rejected.

Med techs were educated by RWD and EOO informally on 2/29/24 and again formally at team meeting for all med techs on 3/5/24 to follow up with pharmacy after a refill request to be sure there were no issues with the refill. This task was added to the MA daily checklist (see attached). The MA daily tasks list and all the objectives included in it was developed by EOO and fully implemented on 3/21/2024. However, the med techs were aware of the need to assure refills were not rejected by formal training held 3/5/2024 as stated above.

Licensee's Proposed Overall Completion Date: 04/04/2024

Implemented ([REDACTED] - 04/11/2024)

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.

Description of Violation

Resident 2 is prescribed a PRN of [REDACTED], take one to two tablets as needed for pain/fever. However, resident's medication administration record (MAR) also states "Give 2 tablets (650mg) by mouth every 4 hours in 24HRS".

Plan of Correction

Accept [REDACTED] - 04/05/2024)

Pharmacy had an entry error (not to exceed 650mg) and Med techs failed to capture the entry error. To rectify quickly the pharmacy was notified by RWC and removed the "not to exceed 650mg verbiage" to make the directions accurate.

Med tech meeting was held 3/5/24 and this issue was discussed and re-educated to all Med techs by RWD and EOO (also a medication trainer) and the need to compare pharmacy label to order. This task has also been added to the MA daily checklist (attached). The MA daily tasks list and all the objectives included in it was developed by EOO and fully implemented 3/21/2024.

Licensee's Proposed Overall Completion Date: 04/04/2024

Implemented ([REDACTED] - 04/11/2024)

187a - Medication Record (*continued*)