

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 2
745 NORLAND AVENUE
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 30769

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MAGNOLIAS OF CHAMBERSBURG - BUILDING 2 **License #:** 30769 **License Expiration:** 03/29/2025
Address: 745 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:** 25 **Waking Staff:** 19

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/01/2024

Inspection Dates and Department Representative

03/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 26 **Residents Served:** 23

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 23
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 2 **Have Physical Disability:** 1

Inspections / Reviews

03/01/2024 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

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

Resident 1 is prescribed [redacted] as needed. However, this medication was expired as of [redacted].

Plan of Correction

Accept [redacted] - 04/05/2024)

The [redacted] was ordered immediately on 3/1/2024 from pharmacy by EOO (see attached refill request). Med techs were educated by RWD and EOO on 3/5/2024 regarding no relying on the fill date to mean that the shelf life of the med is 1 year from fill. The glucose pen expired within 3 months of the rx being filled. The pharmacy was notified on 3/1/24 by lead MA that with the cost of these meds they should last the Resident at least 6 months (depending on the medication, glucagon pens have a shelf life of 24 months) so this discovery has revealed this issue, and we hope to have resolve with our pharmacy. A complete audit on both med carts was started on 3/4/24 and completed on 3/5/2024 by RWC and lead MA to assure all other meds were not impacted by this find. Med tech meeting conducted by RWD and EOO was held on 3/5/24 (minutes attached) and reviewed need to check manufacturer packaging for expiration dates and not the fill date during weekly audits which are done by RWC and lead MA.

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

Implemented [redacted] - 04/11/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident 2 is prescribed [redacted]

Plan of Correction

Accept [redacted] - 04/05/2024)

Med tech failed to acknowledge that the ss order had a 1 unit sliding scale dose. Although an atypical order (most ss starts at 2 units) Med tech failed to follow the 1-unit order. EOO/Med trainer reviewed training with Med techs involved x 2 immediately on 3/1/2024. Both med techs completed their annual diabetic training on 2/20/2024 (see attached). Both Med tech have been in their positions 5 years with annual training diabetic training. EOO and RWD held a Med tech meeting on 3/5/24 (minutes attached) to address this error and reeducated all the Med techs on the need to pay detailed attention to all orders especially sliding scale. PCP for Resident 2 adjusted the sliding scale order on 3/6/2024 for the 1 unit and new order starts at 2 units. Ongoing annual education will continue, and a daily checklist (Attached) that was developed by EOO was implemented 3/21/2024 for Med techs to utilize daily.

187d Follow Prescriber's Orders (*continued*)

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

Implemented [REDACTED] - 04/11/2024)