

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

August 26, 2024

[REDACTED], AREA REGIONAL MANAGER
TITHONUS LANCASTER, LP
[REDACTED]
C/O INTEGRACARE CORP
[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 07/02/2024, 07/03/2024 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 LANCASTER License #: 32259 License Expiration: 07/21/2025
 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], C/O INTEGRACARE CORP, [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/24/1998 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 07/03/2024

Inspection Dates and Department Representative

07/02/2024 - On-Site: [REDACTED]
 07/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 38 Residents Served: 34

Secured Dementia Care Unit
 In Home: Yes Area: Entire Home Capacity: 38 Residents Served: 34

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 34 Have Physical Disability: 0

Inspections / Reviews

07/02/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/20/2024

07/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/26/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/25/2024

Inspections / Reviews *(continued)*

07/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/28/2024

08/26/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. 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 the morning of [REDACTED], Resident #1 was found carrying a "wet Floor" sign, went into the room of Resident #2 and started hitting Resident #2 multiple times in the arm with the sign.

During the overnight hours of [REDACTED] Resident #4 was found in the hallway outside of his/her room calling for help. Resident #3 was observed by a staff member holding Resident #4 against the wall with both hands around Resident #4's chest and base of the neck.

Repeated Violation - 11/28/2023, et al.

Plan of Correction

Accept [REDACTED] - 07/23/2024)

Resident 2 was immediately removed away from resident 1 and assessed with no injuries. Lancaster AAA was notified verbally on [REDACTED] and an act 13 was sent via fax on [REDACTED]. Resident 1 and resident 2's POA and both residents' physicians were notified on [REDACTED]. Resident 2 was diagnosed with a [REDACTED] on [REDACTED] and treatment was prescribed. [REDACTED] was also placed on 15 min. checks for 24 hrs on [REDACTED]. The behavior ceased and the resident has been able to be redirected the behavior has not reoccurred. The RWD will be reviewing the resident 1 RASP to ensure their assessment and support plans appropriately reflect their needs and support provided by the home. This will be completed by [REDACTED]

Resident 3 was redirected away and from resident 4 and [REDACTED] assessed for injuries, and none were noted. POA and PCP of resident 3 and 4 were contacted on [REDACTED]. Lancaster AAA was notified verbally on [REDACTED] and an act 13 was sent via fax on [REDACTED]. PCP reviewed medications on [REDACTED] and adjusted a medication for resident 3 at bedtime due to resident experiencing difficulty sleeping.

EOO to conduct a refresher training on abuse reporting for all staff by [REDACTED] Training to be completed at hiring and annually.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented [REDACTED] - 08/26/2024)

82c - Locking Poisonous Materials

2. 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

On 7/2/24, at 11:15 AM, the door to the Spa Room in Hall D was unlocked and open. A spray bottle of Hillyard Suprox Glass and Floor Peroxide Cleaner was present in one of the closets in the Spa Room. The Safety Data Sheet for this product provides instructions to "call a physician or poison control center immediately" if ingested. Not all the

82c - Locking Poisonous Materials (continued)

residents of the home, including Resident #5, have been assessed capable of recognizing and using poisons safely.

Repeated Violation - 11/28/2023, et al.

Plan of Correction

Accept () - 07/23/2024)

The door to the spa was immediately locked by the lead PCA. Education was provided to all of the staff on 7/8/24 by the EOO. The EOO will conduct an audit twice a week for two months started on 7/8/24 to ensure spa doors are locked and checked routinely during community walks.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented () - 08/26/2024)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/2/24, at approx. 2:00 PM, there was a blue and white couch in the C hallway outside of room C2 which was observed to have a stain and odor from feces.

Plan of Correction

Accept () - 07/23/2024)

The couch was immediately removed from the hallway by EOO and cleaned by the housekeeper that day. An audit was started on 7/3/24 by the EOO of all the community furniture. EOO started conducting a weekly audit on 7/8/24 of the community furniture for the next two months to ensure all furniture is free of stains and odors. Housekeeping Staff provided education on 7/8/24 to clean any areas that may become soiled and inform Management team member if unable to clean or sanitize an area. All staff to receive education by EOO on regulation 85A. This will be conducted by 8/22/24. On going EOO or designee will conduct weekly walk thru of community to ensure all furniture is free of stains and odors.

Proposed Overall Completion Date: 08/26/2024

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented () - 08/26/2024)

102h - Toilet Paper

4. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 7/2/24, at approximately 11:15 AM the Spa Room in Hall D did not have toilet paper present.

102h Toilet Paper (continued)

Plan of Correction

Accept [redacted] - 07/23/2024)

Toilet paper was immediately placed in the bathrooms by lead pca. The housekeeping staff were educated on 7/8/24 on regulation 102H by the EOO. Going forward we will discuss the importance of regulation 102h during our orientation process. EOO to conduct an audit once a week for two months in the spa bathrooms to ensure that the toilet paper is being replenished this was started on 7/8/24.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented [redacted] - 08/26/2024)

233c - Key-Locking Devices

5. 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 entire home is a Secure Dementia Care Unit (SDCU). The directions for operating the home's front locking mechanism are not conspicuously posted near the front door to the home.

Plan of Correction

Accept [redacted] - 07/23/2024)

Immediately EOO printed the code and placed it on top of the front door in a conspicuous place. EOO to provide education to all staff members on regulation 233C by 8/19/24. EOO to complete an initial audit of all entrances/exit of the home to ensure codes are posted per regulation requirement. This will be completed by 7/26/24. EOO to audit once a week for two months for compliance this has been started on 7/8/24.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented [redacted] - 08/26/2024)