

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

September 24, 2024

[REDACTED], AREA REGIONAL MANAGER
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 08/15/2024 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 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]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/24/1998 Issued By: L & I

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: 0
 Reason: Complaint Exit Conference Date: 08/15/2024

Inspection Dates and Department Representative

08/15/2024 - 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: entire home Capacity: 38 Residents Served: 32

Hospice
 Current Residents: 8

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

Inspections / Reviews

08/15/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/01/2024

09/05/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/19/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/12/2024

Inspections / Reviews *(continued)*

09/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/20/2024

09/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2024

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 [redacted] at approximately [redacted], Staff Member B witnessed Resident 1 holding tightly to Resident 2's arm, and Resident 2 repeatedly saying, "it hurts". Staff Member B called for assistance. Resident 1 and Resident 2 were separated by Staff Members A, C and D. Staff Member B safely removed Resident 2 from the area, which caused Resident 1 to become aggressive and combative. Then Resident 1 hit Resident 3, who was trying to help diffuse the situation, in the face. As a result of the incident, Resident 2 sustained bruising on his/her left arm.

Repeated Violation - 7/2/24, et al and 11/28/23, et al

Plan of Correction

Accept ([redacted] - 09/10/2024)

Resident 2 was immediately removed from the situation and after being assessed no injuries were noted. Resident 3 was immediately removed from the situation and was assessed with no injuries noted. 911 was called and resident 1 was sent out to the hospital via ambulance. Resident 1's family was called and agreed to do private duty which was put in place and initiated on 7/9/24 when resident 1 returned from the hospital. Medical director also conducted a medical review of resident 1 medication and adjusted medication to properly assist the resident with sleep disturbance and anxiety. RWD will review care notes every morning and meet with team lead PCA to discuss any residents who have displayed behaviors this will begin on 9/5/24. All employees will be educated by the EOO by 9/20/24.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented ([redacted] - 09/24/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A, whose date of hire was [redacted], has not had a criminal background check completed.

Plan of Correction

Accept ([redacted] - 09/10/2024)

Background check for staff member A was completed on [redacted] ASD conducted an audit on 8/16/24 all of the background checks for all staff and found to be in compliance. EOO will insure this is remain in compliance in the future by conducting audits on all new hire paperwork once a month. This commenced on 8/16/24. Education has been given to ASD on 9/9/24 by the EOO.

Licensee's Proposed Overall Completion Date: 09/09/2024

Implemented ([redacted] - 09/24/2024)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's assessment, dated [REDACTED], states the resident has no problem with aggression. However, from [REDACTED] - [REDACTED] Resident 1 was the aggressor in 2 incidents, one of those incidents resulted in injury to another resident. Resident 1 was sent to the hospital on [REDACTED] for agitation and combativeness.

Plan of Correction

Accept ([REDACTED] - 09/10/2024)

Resident 1 assessment has been updated as of [REDACTED] by RWD. RWD has conducted an audit on all rasps going back to 1/1/24 to insure all rasps have updates for any significant changes and has been found to be in compliance this was completed on [REDACTED]. To insure compliance in the future the RWD will conduct on going audits on a quarterly basis. This commenced on [REDACTED] RWD was given education on [REDACTED] by the EOO.

Licensee's Proposed Overall Completion Date: 09/09/2024

Implemented ([REDACTED] - 09/20/2024)

235 - Discharge/Transfer/Closure

4. Requirements

2600.

235. Discharge - If the home initiates a discharge or transfer of a resident, or the legal entity chooses to close the home, the administrator shall give a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This requirement shall be stipulated in the resident-home contract signed prior to admission to the secured dementia care unit.

Description of Violation

On [REDACTED], the home provided Resident 4's spouse with a verbal 30-day discharge notice. However, the home did not provide a 30-day advance written notice to the resident or the resident's designated person.

Plan of Correction

Accept ([REDACTED] - 09/10/2024)

EOO met with Resident 4 spouse and [REDACTED] signed and dated the 30 day notice on [REDACTED]. To insure compliance a template for a 30 day discharge notice has been created by EOO on [REDACTED] and will be used for all 30 day discharges that are given in the future. Education has been provided to the leadership team on the 30 day notice process by the EOO on [REDACTED]. EOO will audit every 30 day discharge that is given at community beginning on [REDACTED] this will insure we are in compliance.

Licensee's Proposed Overall Completion Date: 09/09/2024

Implemented ([REDACTED] - 09/20/2024)