

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

December 9, 2024

[REDACTED]
TITHONUS LANCASTER, LP

[REDACTED]
C/O INTEGRACARE CORP
[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 10/15/2024 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]

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]
 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: *62* Waking Staff: *47*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Renewal* Exit Conference Date: *10/15/2024*

Inspection Dates and Department Representative

10/15/2024 - 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: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *31*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *0*

Inspections / Reviews

10/15/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2024*

10/24/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/06/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2024*

Inspections / Reviews *(continued)*

10/28/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/06/2024

12/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care Staff Person A, hired on [REDACTED], provides unsupervised ADL services. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until [REDACTED].

Plan of Correction

Accept [REDACTED] 10/28/2024)

Employee was immediately taken off the floor and signed up for the course which she completed it on 10/16/24. The Administrative Services Director conducted an audit on 10/16/24 to ensure that all other employees completed the course, and a copy is on hand. The audit was found to be in compliance. The ASD was given education by the EOO on 10/17/24 on making sure all new hires have their certificate for the course. Going forward to ensure compliance the EOO will audit all new employee files upon hire starting on 10/21/24.

Proposed Overall Completion Date: 10/24/2024

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented [REDACTED] - 12/09/2024)

82c - Locking Poisonous Materials

3. 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 10/25/24, a bottle of Medline Remedy antifungal powder, with a manufacture's label indicating "Keep out of reach of children. If swallowed, get medical help or contact Poison Control Center right away", was unlocked, unattended, and accessible to all residents in the Birchwood neighborhood. Not all residents of the home, including residents in the Birchwood neighborhood, have been assessed capable of recognizing and using poisons safely.

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

Plan of Correction

Accept [REDACTED] - 10/28/2024)

Upon discovery the poisonous material was removed and locked away by the EOO. All staff was educated 10/21/24 by the EOO on the importance of keeping poisonous materials locked and inaccessible to all residents. To ensure compliance going forward as of 10/16/24 the EOO will conduct a weekly audit for two months to check all neighborhoods and make sure they are free of poisonous materials.

Proposed Overall Completion Date: 12/05/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 12/06/2024)

86b - Bathroom

4. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom across from the Dogwood neighborhood kitchenette did not have an operable window or ventilation fan.

Plan of Correction

Accept [redacted] - 10/28/2024)

Upon discovery the Maintenance Director went into the bathroom and turned on the exhaust fan. He immediately conducted an audit of all public restrooms and was found in compliance. to ensure compliance the maintenance director will conduct an audit to begin on 10/16/24 on all bathroom exhaust fans once a week for two months.

Proposed Overall Completion Date: 12/05/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [redacted] - 12/06/2024)

101j3 - Bed/Linens/Pillows/Blankets

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On [redacted], the bed for Resident [redacted] did not have a pillow and sheets.

Plan of Correction

Accept [redacted] - 10/28/2024)

Resident was immediately given a pillow and sheets by PCA. All Staff has is being educated on the regulation 101j3 by the RWD by 11/8/24. An audit to start on 10/16/24 will be conducted once a day for one month by the RWD to ensure we are compliance.

Proposed Overall Completion Date: 11/14/2024

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented [redacted] - 12/06/2024)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept [REDACTED] - 10/28/2024)

The maintenance director immediately went into the resident's room and placed the table and lamp within reach of her hand while she is in bed. All staff are being educated on regulation 101j7 by the Maintenance Director this will be done by 11/8/24. EOO will conduct an audit on all rooms once a week for two months to ensure we are staying in compliance this will start on 10/16/24

Proposed Overall Completion Date: 12/05/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 12/06/2024)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the small white freezer chest in the main kitchen.

Plan of Correction

Accept [REDACTED] 10/28/2024)

A thermometer was immediately placed in the freezer by DSD. Dining services staff is being educated on regulation 103f by the DSD this will be done by 11/8/24. A weekly audit will be conducted by the Dining services director once a week for a month then once a month for one month to ensure we are staying in compliance this started on 10/16/24.

Proposed Overall Completion Date: 12/05/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 12/06/2024)

105g - Lint Removal and Duct Cleaning

8. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [REDACTED] there was an approximate 2-inch accumulation of lint in the lint traps of the dryers in the Dogwood and Aspen neighborhoods. There were no clothes in the dryer at the time.

Plan of Correction

Accept [REDACTED] - 10/28/2024)

The lint was removed from the dryers by staff. the same day it was discovered by the surveyors on 10/15/24. Education on regulation 105g is being given to all staff by the EOO this will be conducted by 11/8/24. The maintenance director is conducting an audit once a week this began on 10/16/24 for two months to ensure we are in compliance with this regulation.

Proposed Overall Completion Date: 12/05/2024

105g - Lint Removal and Duct Cleaning (continued)

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented (AC - 12/06/2024)

107c - Food/Water 3 Day Supply

9. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On [REDACTED], the home served [REDACTED] residents, requiring 93 gallons of emergency drinking water. However, the home had only 38 gallons. The home does not have a contract with a local bottled water supplier.

Plan of Correction

Accept [REDACTED] - 10/28/2024)

The dining services director ordered the required amount of emergency water that was required. It was delivered the next day on 10/16/24. The dining director conducted an audit of our water supply on 10/16/24 and determined we are now in compliance and will continue an audit once a week for two months to ensure compliance. This will begin in 10/23/24. Education has been given to the Dining director by the EOO 10/17/24.

Proposed Overall Completion Date: 12/12/2024

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 12/09/2024)

132a - Monthly Fire Drill

10. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of January 2024 and August 2024.

Plan of Correction

Accept [REDACTED] 10/28/2024)

Eoo is not able to correct the missed fire drill but immediately looked at the fire drill binder and determined that all of the other months are accounted for. A monthly drill is scheduled by the Maintenance director on a different shift each month. Education has been given to the maintenance director on regulation 132a by the EOO this was done on 10/17/24. Audit will be conducted by the EOO once a month for 2 months to ensure we are staying in compliance this started on 10/17/24.

Proposed Overall Completion Date: 12/23/2024

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 12/06/2024)

132c - Fire Drill Records

11. Requirements

132c - Fire Drill Records (continued)

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 4/30/24, 12/27/23 and 11/6/23 does not include exit route used

The fire drill record for the drill conducted on 3/27/24 does not include exit route used and number of staff person participating.

The fire drill record for the drill conducted on 12/27/23 does not include the number of residents present in the home at time of drill nor the number of residents evacuated.

Plan of Correction

Accept [redacted] - 10/28/2024)

The maintenance director has been educated on the proper documentation of the fire drills by the EOO on 10/17/24. EOO is conducting an audit once a month for the next two months to ensure the fire drills are being done this audit started on 10/17/24.

Proposed Overall Completion Date: 12/23/2024

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [redacted] - 12/06/2024)

132d - Evacuation

12. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has a maximum safe evacuation time of 15 minutes specified in writing within the past year by a fire safety expert. The drill conducted on 7/18/24 at 2:30 pm had an evacuation time of 15 minutes and 33 seconds.

Plan of Correction

Accept [redacted] - 10/28/2024)

The maintenance director has been educated on the safe evacuation time of the fire drills by the EOO on 10/17/24. The fire drill that was conducted on 7/18/24 did not meet the maximum time allotted due to us not having enough working walkie talkies in the community this caused the direct care staff to not communicate to the maintenance director that they had cleared their hallways causing the maintenance director to have to go around to every hallway making it exceed the allotted time of 15 minutes. This was corrected by the EOO as we now have enough walkies for the whole staff and management team as well. EOO is conducting an audit for the next two months to ensure we are in compliance this audit began on 10/17/24.

Proposed Overall Completion Date: 12/23/2024

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [redacted] - 12/09/2024)

144c1 - Smoking Area Guidelines

13. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On [REDACTED] at 10:22 am, the home's designated smoking area contained more than 10 cigarette butts on the ground underneath the picnic table.

Plan of Correction

Accept [REDACTED] - 10/28/2024)

All staff has been educated by the EOO that as of 10/16/24 we are now a non-smoking community. The maintenance director conducted an audit of the grounds and picked up all of the cigarettes on 10/16/24. The maintenance Director will conduct an audit daily for two weeks and then once a week for two weeks to make sure we are in compliance this started on 10/17/24.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 12/06/2024)

185a - Implement Storage Procedures

14. 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 [REDACTED] is prescribed [REDACTED] as needed. However, on 10/15/24, this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 10/28/2024)

RWD verified that the missing medication was ordered on 10/15/24 and received on 10/15/24. EOO educated RWD and all Med techs on proper ordering of medications on 10/17/24. RWD for two weeks will check daily the Mar to make sure no medications were missed and then she will do this once a week for two weeks this started on 10/16/24.

Proposed Overall Completion Date: 11/14/2024

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented [REDACTED] - 12/06/2024)

187a - Medication Record

15. Requirements

2600.

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

- 11. Special precautions, if applicable.

187a Medication Record (continued)

Description of Violation

Resident [redacted] is prescribed [redacted], with orders to inject [redacted] subcutaneously three times a day before meals and hold if BS < 100. However, Resident [redacted] medication administration record (MAR) does not indicate the blood sugar values.

Plan of Correction

Accept [redacted] - 10/28/2024)

Immediately the RWD audited all diabetics to make sure that blood sugars are being documented. Education was given by RWD to med techs on 10/17/24 obtaining blood sugars as ordered by prescribers. RWD to audit the mar once a week for four weeks and then monthly x one month this started on 10/16/24.

Proposed Overall Completion Date: 11/14/2024

Licensee's Proposed Overall Completion Date: 11/14/2024

Implemented [redacted] - 12/06/2024)

187d - Follow Prescriber's Orders

16. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed several medications to be administered daily in the morning including [redacted], [redacted] and [redacted]. However, these medications were not administered to Resident [redacted] on [redacted] because these medications were not available in the home.

Plan of Correction

Accept [redacted] - 10/28/2024)

The RWD immediately conducted an audit in the MAR to ensure no one else had missing meds. We were found to be in compliance. Resident [redacted] medication was ordered on 10/15/24 and arrived on 10/15/24. RWD is conducting education with all Med techs on giving all medication to the residents as instructed in the MAR this will be done by 11/8/24. RWD will conduct a daily audit for two weeks that began on 10/16/24 then once a week for one month to ensure that we are not missing any meds. She will do this by checking the MAR.

Proposed Overall Completion Date: 12/05/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [redacted] - 12/06/2024)