

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

February 5, 2026

[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 10/22/2025, 10/23/2025 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: *07/21/2026*  
 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: *Department of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *10/23/2025*

**Inspection Dates and Department Representative**

10/22/2025 - On-Site: [REDACTED]  
 10/23/2025 - 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: *LifeStories* Capacity: *38* Residents Served: *31*

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *31* Have Physical Disability: *0*

**Inspections / Reviews**

10/22/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/20/2025*

Inspections / Reviews (*continued*)

## 11/13/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/20/2025

## 11/19/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/04/2025

## 02/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2025

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 10:15 AM, Resident [redacted] hit Resident's [redacted] and [redacted] on the top of the head with an open hand.

On [redacted] at 8:00 PM, Resident [redacted] was observed by staff to be touching Resident [redacted], causing Resident [redacted] to become agitated. Resident [redacted] then put [redacted] hands around Resident [redacted] neck for 5-7 seconds prior to Resident [redacted] falling to the floor and landing on [redacted] back.

On [redacted] at 5:17 PM, Resident [redacted] approached Resident [redacted] when entering the dining room for dinner. Resident # [redacted] told Resident [redacted] that [redacted] could not sit there because it was not [redacted] table. Residents [redacted] and [redacted] were then holding each other's lower arms and pushing and pulling at one another. Resident [redacted] sustained a skin tear on [redacted] right forearm requiring first aid.

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] - 11/18/2025)

The resident one is no longer with us [redacted] passed away on [redacted] Incident on 4/6/25 resident [redacted] was separated from residents [redacted] and [redacted] were checked and found to have no injuries. Family was notified. Resident [redacted] was monitored the rest of the day to ensure any further aggressiveness or injuries. None were found. A reportable was sent to DHS and AAA. Education was provided on 4/8/25 to all staff on how to de-escalating techniques. Staff was directed to read [redacted] life story as to get to know [redacted] and to anticipate [redacted] needs. This training was conducted by the RWD. Incident on 5/12/25 resident [redacted] and resident [redacted] were separated and checked for any injuries which none were found. We continued to monitor resident [redacted] the rest of the night to ensure no further aggressiveness or injuries. Family was contacted. A report was sent to AAA and DHS. All Staff was educated on De escalation techniques on 5/13/25 by the RWD.

On 9/4/25 resident one was separated from resident [redacted] and they were both checked for injuries. None were found. Resident [redacted] was monitored to ensure no further aggressiveness and injuries. none were found. Family was contacted. A report was sent to DHs and AAA. All staff was educated on 9/8/25 on new procedure for the dining room this training was conducted by the RWD.

In order to improve documentation and incident reporting procedures The RWD and Med tech team lead will meet every morning to go over any incidents that occurred the day before. We will continue to conduct our monthly Wellness meetings to discuss any concerns or incidents related to resident behaviors.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented [redacted] - 02/05/2026)

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a First Aid/CPR Training (continued)

Description of Violation

On [redacted] from 3:00 PM 11:00 PM, 31 residents were present in the home. During this time, 0 staff members were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Directed [redacted] - 11/18/2025)

The ASD has conducted an audit on 10/24/25 to identify which team members lack current certification and are currently coordinating with a certified trainer to complete this training and certification. To ensure compliance the ASD and EOO go over the schedule daily to ensure we have at least one person trained in first aid and certified in obstructed airway techniques and CPR this began on 11/14/25. When we review the schedule if it is noticed that we do not have a staff member on the shift with cpr we will then add a cpr certified staff member. EOO to educate ASD on regulation 2600.63.a on 11/18/25. The root cause of the violation was due to employees separating employment and that caused us to not have anyone on that shift cpr certified. In order to ensure compliance, the ASD has created a spreadsheet that has all employee cpr certification dates on it. [redacted] will ensure compliance by reviewing this spreadsheet once a week to begin on 11/18/25. CPR class has been scheduled for 12/12/25.

(Directed)

In addition to the above plan of correction, when the schedule is reviewed and found not to have staff certified in FA and CPR, then a staff member certified in FA and CPR will be added. The spreadsheet will include the certification in both FA and CPR for all staff.

Directed Completion Date: 12/12/2025

Implemented [redacted] - 02/05/2026)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On [redacted] at approximately 9:25 AM, three pieces of feces measuring approximately 2" x 4" each was present in the mulched garden bed located in the courtyard.

On [redacted] at approximately 11:05 AM, three unlabeled toothbrushes were present in a container with the brush heads laying against one another in the shared bathroom of room B3. Residents are diagnosed with dementia and when asked to identify their toothbrush, the resident responded "I didn't know I had a toothbrush."

On [redacted] and [redacted], the same glucometer was used to check the blood glucose levels for Residents [redacted] and [redacted]

Plan of Correction

Accept [redacted] - 11/19/2025)

on 10/22/25 the feces that was observed out in the courtyard was removed and disposed of properly and the affected area was disinfected. On 10/22/25 the Maintenance Director conducted an audit of both courtyards to ensure that they were both clean. the Wellness staff is being educated by the EOO as of 11/14/25 and will be completed by

85a - Sanitary Conditions (continued)

12/1/25 on sanitation procedures. Housekeeping staff was educated on 11/14/25 by Maintenance Director on new procedures to ensure our courtyards are clean on a daily basis. To ensure compliance a new task has been added to the housekeeping checklist to check and clean all courtyards once a day. On 10/22/25 the three unlabeled toothbrushes were disposed of by a wellness team member. An all-house audit was performed on residents who share a bathroom to ensure they have their supplies separated and labeled. The residents were then given new toothbrushes and cups with their names on them. All Wellness is being educated on sanitation procedures for residents who share a bathroom. To ensure compliance the RWD will conduct an audit beginning 11/11/25 once a week for 2 months on all residents who have a shared room to ensure their supplies are labeled and separated. On various days the glucometer was used to check the blood glucose levels for residents [redacted] and [redacted]. The RWD immediately stopped using the glucose meter 10/14/25 and they were not disposed of we will dispose of them on 11/17/25. New ones were purchased on 10/15/25. The Medication Technicians were educated on 10/28/25 by RWD on not sharing the glucometers. To ensure compliance the RWD will conduct and audit beginning 11/11/25 once a week for 2 months to check all glucometer readings. RWD reached out to the diabetic trainer on 11/17/25 on retraining all med techs and a class has been scheduled for 12/3/25. A letter has been created and will be sent to the families of the residents that were shared glucometer EOO will retain the letter on file for DHS this letter will be mailed on 11/18/25. The resident's physician was notified of possibility of shared glucometer, and this was done on 11/17/25. EOO to retain this fax for DHS on file.

Licensee's Proposed Overall Completion Date: 12/03/2025

Implemented [redacted] - 02/05/2026)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at approximately 9:14 AM, a significant accumulation of mulch was covering the vestibule area between the A-wing exit doors posing a tripping hazard as residents in the home ambulate by shuffling their feet along the ground.

On [redacted], the doorknob to the interior exit door of B-hall was not securely affixed to the door as it fell off when turned creating a potential hazard for residents to be able to open the door in an evacuation.

Plan of Correction

Accept [redacted] - 11/13/2025)

on 10/24/25 the Maintenance Director cleaned the vestibule area between the A wing exit doors. [redacted] then conducted an all house audit of all exit doors and cleaned up any debris that was present. the EOO educated the Maintenance Director on the importance of this being cleaned since it poses a tripping hazard this was done on 11/11/25. To ensure compliance the Maintenance Director will conduct an audit on all exit doors to ensure there are no tripping hazards in front of doors. This audit is to begin 11/11/25 once a week for two months. On 10/24/25 a new knob was placed on the exit door in A hall. Maintenance Director was educated by the EOO on the importance of our doors

88a - Surfaces (continued)

being in good repair. To ensure compliance the Maintenance Director will conduct an audit on all emergency doorknobs to ensure they are in proper working order. This audit will begin on 11/11/25 and will be once a week for two months.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented [redacted] - 02/05/2026)

101j7 - Lighting/Operable Lamp

5. 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

Residents [redacted] and [redacted] did not have access to a source of light that could be turned on/off at bedside.

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] - 11/18/2025)

On 10/22/25 the maintenance director went to resident [redacted] and [redacted] room and placed a light on the wall by the side of the resident's bed. All staff was given education by EOO on the importance of all residents having a lamp within reach of their bed this education was started on 11/11/25 and completed by 12/1/25. The maintenance director will conduct an audit of all rooms once a week for two months to ensure we are staying in compliance this is to begin on 11/11/25.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [redacted] - 02/05/2026)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on [redacted] at 6:33 AM. The previous sleeping hours fire drill was conducted on [redacted] at 3:13 AM.

Plan of Correction

Accept [redacted] - 11/18/2025)

A third shift fire drill was completed on 9/25/25 at 3:36 am. The next third shift fire drill is scheduled for 12/17/25. EOO educated the maintenance director of ensuring a third shift fire drill is scheduled every three months to stay in compliance. This education was given on 11/12/25. To ensure compliance the Maintenance Director has scheduled all fire drills for 2026. Starting on 11/17/25 the EOO will audit the fire logbook on a monthly basis to ensure all drills have been conducted during their scheduled days for the remainder of this year and next year.

Licensee's Proposed Overall Completion Date: 11/19/2025

132e Fire Drill Sleeping Hours (continued)

Implemented [redacted] - 02/05/2026)

141b1 Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted], did not include the medical professional's name and license number.

Plan of Correction

Accept [redacted] - 11/18/2025)

Resident [redacted] medical evaluation has been updated by adding the medical professional's name and license number by the RWD on 10/24/25. At Magnolias we employee [redacted] as our physician. The EOO educated the RWD on requirement for a completed medical evaluation on 11/13/25. EOO will also educate the RWD on what homes are permitted or prohibited from competing on resident medical evaluations this will be done on 11/18/25. RWD to conduct a chart audit on all residents to ensure compliance on all medical evaluations this will start on 11/12/25 and will be completed on 11/19/25. Then going forward when a new medical evaluation is completed the rwd will immediately review it and will refer back to the checklist to maintain compliance. the checklist was implemented on 11/13/25. This checklist highlights the sections that need to be completed on a DME. I will attach a picture of the checklist.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented [redacted] - 02/05/2026)

142a Secure Medical Care

8. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On [redacted] Resident [redacted] was complaining of pain in the right knee. Staff assessed the resident's leg and observed scratches and swelling on the resident's right knee. Resident [redacted] was seen by a doctor on [redacted] who recommended an ultrasound if the pain continued. On [redacted], and [redacted], the resident complained of pain in the right knee and was administered morphine PRN on a daily basis. The home did not secure an ultrasound until [redacted]. On [redacted], the resident was diagnosed with an acute comminuted angulated fracture of the supracondylar aspect of the distal right femur via mobile X-ray completed on [redacted]. The fracture was recommended for surgical repair.

Plan of Correction

Accept [redacted] - 11/18/2025)

RWD to educate all Med techs on the importance of timely and adequate medical attention for residents with declining health status. This training will begin on 11/12/25 and completed by 11/19/25. Every morning the RWD will review notes to ensure and address any medical needs this is to begin on 11/12/25. To ensure compliance the RWD will meet with the medical director once a month to discuss any ongoing or upcoming medical needs of residents this will begin on 11/12/25.

Licensee's Proposed Overall Completion Date: 11/19/2025

142a - Secure Medical Care (continued)

Implemented [redacted] - 02/05/2026)

187d - Follow Prescriber's Orders

9. Requirements

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

Description of Violation

Resident [redacted] is prescribed the following medications which are scheduled for administration by the home at 8:00 AM:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

On [redacted], Staff Member B administered the above medications to Resident [redacted]; however, Staff Member B crushed the medications and mixed them in pudding. The resident did not have a prescriber's order for medications to be crushed.

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] 11/18/2025)

RWD reviewed the prescriber directions for medication administration on 10/24/25. RWD conducted an audit on all residents and updated the prescribed method of administration for all residents on 10/27/25. RWD to give all medication technicians education on following prescribers orders this will commence on 11/13/25 and be completed by 11/19/25. To ensure we are in compliance the RWD will conduct random observations on med techs to ensure we are following the correct prescribed method of administration for all residents this will start on 11/12/25 and will be ongoing **(Directed) The RWD will conduct at least one med tech observation per week beginning 12/1/25-** [redacted]. RWD informed the physician of the medication error on 11/17/25. RWD submitted a state reportable on 11/17/25.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [redacted] - 02/05/2026)

190c - Record of Training

10. Requirements

2600.

190c - Record of Training (continued)

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Staff Member A was certified in medication administration on [REDACTED] Staff Member A's 2025 annual practicum summary and qualification form did not indicate if the staff member was requalified and did not include the signatures and dates from the student or trainer.

Plan of Correction

Accepted [REDACTED] - 11/18/2025)

The trainer signed the certification documents on 11/13/25, The student was not able to sign since [REDACTED] is no longer an employee with us since 6/24/25. The EOO educated the trainer on the importance of signing and dating the qualification form on 11/13/25. The EOO will conduct an audit on 11/18/25 of all staff members medication administration certification. Going forward to stay in compliance when someone is qualified to become a medication associate the EOO will audit the practicum summary and qualification form within 24 hours to ensure it is completed this will begin on 11/18/25 and will be ongoing.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented ([REDACTED] 02/05/2026)

227g -Support Plan Signatures

11. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident and the assessor did not sign the support plan.

Plan of Correction

Directed [REDACTED] 11/18/2025)

The RWD met with resident [REDACTED] family and had them sign the support plan on 10/24/25- since resident 9 is not able to sign it. The EOO educated the RWD on the requirement for a completed medical evaluation on 11/13/25. EOO will educate RWD on 11/18/25 on regulation 2600.227.g. RWD to conduct an initial chart audit on all residents to ensure compliance on all medical evaluations this was start on 11/13/25 and this was completed on 11/17/25. Then going forward when a new medical evaluation is being completed the RWD will refer back to the new implemented medical evaluation checklist to maintain compliance this will begin on 11/18/25 and will be ongoing.

(Directed)

In addition to the above plan of correction:

- The RWD or designee will review Resident [REDACTED]'s support plan with Resident [REDACTED] and will include a notation of the resident's inability to sign by 12/1/25.
- An initial audit will be completed on all other resident support plans to ensure proper signatures have been obtained or documentation indicates a resident's refusal or inability to sign. This will be completed by 12/1/25.
- Beginning no later than 12/1/25, the administrator or designee will review at least 10 resident support plans per month for 3 months to ensure compliance with 2600.227(g).
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

227g -Support Plan Signatures (continued)

Directed Completion Date: 12/01/2025

Implemented ( ) 02/05/2026)

233c - Key-Locking Devices

12. 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

On ( ), the directions for operating the home's locking mechanism were not conspicuously posted near the exit door leading outside from the A-hall in the home's the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept ( ) 11/18/2025)

On 10/22/25 the Maintenance director posted the code under neath the keypad. ON 11/11/25 the EOO began education with all staff on the importance of having the code posted conspicuously near the doors this will be completed by 12/1/25. to maintain compliance The maintenance director began an audit on 11/11/25 once a week for two months ( ) will be checking all locked doors and making sure the code is posted.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented ( ) - 02/05/2026)

234b - Support Plan Needs Elements

13. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated ( ) for Resident ( ) indicated that the resident needs some assistance with toileting, bladder management, and bowel management. As per the plan, staff provide the resident with assistance with hygiene needs. The resident's assessment and support plan did not reference the resident's known behavior of defecation in inappropriate areas nor staff supports to be provided.

Plan of Correction

Accept ( ) - 11/19/2025)

RWD reviewed resident ( ) support plan and included all known behaviors and required staff interventions on 10/24/25. RWD to give all staff education on the updated support plan of residents updated needs this will commence on 11/13/25. RWD to complete an audit on all residents' support plans to ensure proper needs and supports are accurately documented. this will be done on 11/19/25. to ensure compliance on a monthly basis during our wellness meeting all staff will be educated on all updates pertaining to all residents' support plans this will start on 11/16/25. to ensure compliance on resident support plans updated timely with their physical medical social cognitive and safety needs when a change is observed or communicated to the RWD ( ) will update the support plan with these changes within 24hours of the communication this will begin immediately and will be ongoing.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented ( ) - 02/05/2026)