

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 12/16/2025, 12/18/2025 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: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Interim* Exit Conference Date: *12/18/2025*

**Inspection Dates and Department Representative**

12/16/2025 - On-Site: [Redacted]  
 12/18/2025 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *38* Residents Served: *30*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Lifestories* Capacity: *38* Residents Served: *30*

**Hospice**  
 Current Residents: *8*

**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: *30* Have Physical Disability: *0*

**Inspections / Reviews**

12/16/2025 Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/22/2026*

01/21/2026 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *01/30/2026*  
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/28/2026*

Inspections / Reviews *(continued)*

01/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/02/2026

02/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 141b1 - Annual Medical Evaluation

## 1. 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 special health or dietary needs of the resident and did not indicate if the resident's needs can be met safely at the personal care home or if services are to be provided at home or in a nursing facility.

## Plan of Correction

Accept [REDACTED] - 01/27/2026)

PCA team lead will conduct an audit of all medical evaluations in order to ensure they all include comprehensive health information this will be completed by 1/14/26. The RWD and the team lead will be educated by the EOO on the importance of referring to the checklist that has been created specifically for medical evaluations to ensure all necessary information, such as health or dietary needs and facility capability to meet resident's needs is included. This will be completed by 1/13/26. Resident [REDACTED]'s medical evaluation was updated on 1/14/26. RWD will communicate with PG healthcare provider to obtain the missing information and update the resident's record accordingly. These steps will all be completed by 1/16/26. To ensure compliance the RWD will run the report called Resident Physicals and identify the residents that have upcoming evaluations for each month. [REDACTED] will then schedule a time and date for the resident's physician to meet and complete and sign the medical evaluation. After all of these steps have been completed the RWD will then give the EOO the completed evaluation so [REDACTED] can compare it to the checklist for accuracy. This will start as of 1/13/26 and will be completed monthly.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] - 02/05/2026)

## 142a - Secure Medical Care

## 2. 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] around 8:00 AM, Resident [REDACTED] was observed by Staff Member A to be slurring [REDACTED] words, "could not talk in clear sentences" and was "slobbering." Staff Member A contacted hospice to request an evaluation, however, was told at least 9 other patients were scheduled to be seen before Resident [REDACTED]. The home did not contact emergency services for the [REDACTED] and was not seen by the physician until 2:40 PM.

On [REDACTED] Resident [REDACTED] returned to the facility after a visit with [REDACTED] family. By 12:25 PM, Resident [REDACTED] [REDACTED] reported concerns that Resident [REDACTED] was having a stroke and displaying stroke-like symptoms. Resident [REDACTED] was reported to be "droopy on one side and numbness in [REDACTED] legs". On [REDACTED], Resident [REDACTED] refused all morning medications which was reported to be very unusual by Staff Member B. The resident's "vitals were up and down," per Staff Member B, and the resident was flushed, no longer able to bear weight, and was slurring [REDACTED] words. The home did not contact emergency services until the afternoon of [REDACTED] Resident [REDACTED] was taken to the hospital via ambulance at 1:47 PM.

142a Secure Medical Care (continued)

Plan of Correction

Accept [redacted] - 01/27/2026)

On November 5, 2025, staff followed protocol by contacting hospice for evaluation of stroke symptoms. Staff spoke with the resident's daughter and assumed [redacted] was the POA. Daughter only wanted hospice notified and did not want resident sent to ER for evaluation. Hospice was called and arrived to evaluate. Staff received education to verify the POA by checking the residents' chart before sharing information or direction for care.

To improve communication with family members, the RWD will review expectations for immediate notification of POA even if other family members are present at the community when symptoms of serious or emergent medical conditions are observed.

On December 16, 2025, resident was sent to the hospital via ambulance at the request of DHS. Resident returned on 12/16/25 with after visit summary instructions "the patient and family caregiver who is the medical power of attorney wishes that the patient not be sent to the emergency department under any circumstances. Please follow up with [redacted] wishes." On 12/17/25 POA was contacted due to resident experiencing additional symptoms and agreed to have resident sent to hospital for evaluation. Resident returned and POA informed EOO that [redacted] was referred back to hospice and will be moving to a new community on 12/19/25.

Wellness staff will receive training on recognizing and responding immediately to medical emergencies, including appropriate escalation and timely communication with family members. This training will be conducted by the Regional Wellness Director (RWD) and will begin on January 13, 2026, and education will occur during the monthly staff meeting on January 15, 2026. The med techs will be educated by the RWD starting on 1/23/26 on the importance of seeking emergency services for life threatening conditions before contacting hospice, family, or POAs.

To ensure ongoing compliance, training on recognizing and responding to medical emergencies will be incorporated into the community's quarterly skills training, scheduled for February 19, 2026, and ongoing thereafter.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [redacted] - 02/05/2026)

182b - Prescription Medication

3. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

Description of Violation

On [redacted] at 8:00 AM, Staff Member C, an unlicensed staff member, administered [redacted] to Resident [redacted]. The home does not have waiver for an unlicensed direct care staff member to administer the [redacted] medications subcutaneously.

Plan of Correction

Accept [redacted] - 01/27/2026)

All Med Techs have been educated on 12/17/25 that they are only permitted to administer insulin after taking the

182b Prescription Medication (continued)

diabetic certification course. The RWD or LPN will administer all other injectables. To ensure ongoing compliance the RWD will review the medication administration policy for injectables during the quarterly skills fair the next is scheduled on 2/19/26. The skills fair is a refresher training that is given to the med techs quarterly to discuss any updates, refresh on medication administration skills and address any past deficiencies and how to stay in compliance. during the skills fair the rwd presents the skills and the med techs demonstrate them live to ensure competency. As of 1/21/26 we do not have any residents who receive medications subcutaneously other than insulin.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [redacted] - 02/05/2026)

182c - Medication Administration

4. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

The home documented that Resident [redacted] administered all medications from [redacted]; however, on [redacted] at 10:25 AM, two clear cups, one containing 8 partially disintegrated pills and the other containing 5 partially disintegrated pills, were sitting on the dresser next to Resident [redacted] who was sitting in their recliner in their bedroom. Resident [redacted] reported they did not spit the pills in the cups today, but it occurred prior. The home did not complete all steps in medication administration process to ensure Resident [redacted] consumed their prescribed medications.

Plan of Correction

Accepted [redacted] - 01/21/2026)

Immediately the medication was removed by the EOO and discarded properly by the RWD and team lead on 12/12/25. All med techs have been trained on proper administration process this was started by the RWD on 12/17/25. To ensure compliance the RWD will conduct a monthly observation on all med techs on the proper administration process this will be started on 1/14/26 and will go on for three months.

Licensee's Proposed Overall Completion Date: 01/14/2026

Implemented [redacted] - 02/05/2026)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b Date/Time of Medication Admin. (continued)

Description of Violation

Resident [redacted] is prescribed [redacted] units subcutaneously every night at bedtime. Staff Member D's initials were documented on the resident's December 2025 Medication Administration Record (MAR) for administering Resident # [redacted] on [redacted] at 8:00 PM; however, Staff Member B administered this medication.

Resident [redacted] was not administered [redacted] on [redacted] and [redacted] (or within the week) as Staff member A, who documented they administered the medication, reported to agents of the department, that they did not administer the medication.

Plan of Correction

Accept [redacted] 01/27/2026)

RWD is providing education to med techs on the proper documentation procedures for medication administration. This is started on 1/14/26. RWD is auditing the MAR for all residents for the month of December to be completed by 1/16/26. If any discrepancies are found the RWD will address each instance with involved staff person to rectify errors and reinforce training. To stay in compliance the RWD will conduct an audit once a month for three months on all residents MAR to ensure proper medication administration. This will begin 1/19/26. By reviewing the residents' MAR the RWD will be able to cross check against the schedule to determine if the person who initialed the MAR is the person scheduled. If it is not the person scheduled then at that time we will verify if a shift change processed has occurred. If the proper procedure was not followed by the med techs then at this time further education and possible disciplinary action will be given to the employee by the RWD.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented ([redacted] - 02/05/2026)

187d - Follow Prescriber's Orders

6. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] subcutaneously weekly. The medication was not administered weekly as prescribed on the following dates/weeks:

- On [redacted].
- On [redacted] as the medication was not available in the home.
- On [redacted]

Repeated Violation [redacted]

Plan of Correction

Accept [redacted] - 01/27/2026)

RWD checked inventory and as of 1/14/26 we have two doses available in the community. RWD is giving education to the med techs on when to order this medication to ensure it is available in the community as well as educating on the process to immediately flag and report medication unavailability. This will begin on 1/14/26. To stay in compliance the team lead will conduct a med cart audit once a week to ensure all refills on medications are called in timely and that all medication is available in the community this will begin on 1/19/26. RWD will run the missed

187d Follow Prescriber's Orders (continued)

meds report once a week to ensure no meds are being missed this has started as of 1/19/26. The physician will be notified on 1/22/26 on the missed medication.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented (redacted) - 02/05/2026)

190b - Insulin Injections

7. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Member C, who did not successfully complete a Department approved diabetes patient education program until (redacted), administered 12 units of (redacted) to Resident (redacted) on (redacted) and (redacted) at 8: 00 AM.

Plan of Correction

Accept (redacted) - 01/27/2026)

As of 12/16/25 all med techs are certified in diabetic training. EOO conducted an audit on all med techs certification to ensure everyone is current on their training this was done on 1/14/26. To ensure we stay in compliance the EOO has created a spreadsheet on 1/14/26 of all med techs and their certification dates to ensure they are getting trained before their training expires. Staff member C was not certified on 11/11/25 due to (redacted) being a new med tech. (redacted) was enrolled in the next available class on 12/16/25. To ensure compliance the EOO will conduct an audit on any new med techs documents to ensure that the med tech is trained in administering insulin. This will begin on 1/23/26. Since our last inspection we have not had any new med techs certified.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented (redacted) - 02/05/2026)

225c - Additional Assessment

8. 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 (redacted)'s assessment, dated (redacted), indicated the resident has a dietary service need for a chopped diet. However, on (redacted), Resident (redacted) was discharged from the hospital with dietary instructions for a heart healthy, minced and moist diet with mildly thick liquids. The resident's assessment has not been updated to reflect the change in resident's need.

Resident (redacted)'s assessment, dated (redacted), indicated the resident is independent in the area of ambulation and can bear full weight. However, Resident (redacted) utilizes a walker for ambulation and at times, requires reminders to use the walker in order to prevent falls.

The resident's assessment has not been updated to reflect the change in resident's need.

225c - Additional Assessment (continued)

**Plan of Correction**

**Accept** [redacted] - 01/27/2026)

RWD reviewed resident [redacted] assessment on 1/13/26 and updated the dietary instructions to match current orders. RWD will educate med techs on proper procedures on residents returning from a hospital stay. This will begin on 1/14/26. RWD reviewed the assessment on 1/13/26 and updated the change of resident using a walker for ambulation and requires reminders to use the walker in order to prevent falls. EOO will give RWD education on the importance of timely updating assessments when significant resident condition changes are concerned this education was given on 1/14/26. To stay in compliance the RWD will conduct quarterly reviews of resident assessments to ensure accuracy and current relevance. This will be done in January, April, July, and October 2026. The first quarterly review of the residents assessments will be conducted by 1/29/26.

**Licensee's Proposed Overall Completion Date:** 01/29/2026

**Implemented** [redacted] - 02/05/2026)