

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

April 24, 2026

[REDACTED], EOD
TITHONUS CHAMBERSBURG LP
[REDACTED]
[REDACTED]

RE: MAGNOLIAS OF CHAMBERSBURG -
BUILDING 2
745 NORLAND AVENUE
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 30769

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/31/2026 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 CHAMBERSBURG - BUILDING 2 License #: 30769 License Expiration: 03/29/2027
 Address: 745 NORLAND AVENUE, CHAMBERSBURG, PA 17201
 County: FRANKLIN Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: TITHONUS CHAMBERSBURG LP
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/20/1998 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal Exit Conference Date: 03/31/2026

Inspection Dates and Department Representative

03/31/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 27

Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 3			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 27		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 1	Have Physical Disability: 1		

Inspections / Reviews

03/31/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/17/2026

04/20/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/23/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/24/2026

Inspections / Reviews *(continued)*

04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103f - Refrigerator/Freezer Temps

1. 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

On 3/31/26 at 10:00 AM, the temperature in the freezer was 10 degrees Fahrenheit and at 1:47 PM, it was 10 degrees Fahrenheit.

Plan of Correction

Accept () - 04/20/2026

Immediate plan:

1. Vendor, () Refrigeration) was notified when freezer temp was found to be at 10 degrees. They arrived within 20 minutes and assessed freezer which appeared to be functioning normally. Tech added coolant to the freezer and it was at 0 degrees, Tech also addressed that the kitchen temperature was high that day as it was a warm day outside and (A/C was not yet on to assure resident comfort) the tech noted that the heat of the kitchen could cause influx of temperature with door opened so frequently by food service staff. (Invoice and notes from tech attached). Please note that all the food housed in the freezer was frozen solid and that there was no thawing of any of those food products. The logs for freezer temps had not been above 0 degrees in the days leading up to the survey as they are checked throughout the day by food service. It would happen to not meet temperature at the time of survey. (temp logs attached).

2. Food service staff x 3 were all educated in a team huddle on 3/31/26 by Food Service Director.

Topics discussed:

-Assuring this freezer is at 0 degrees at all times and to report any increase immediately to Food Service Director or Executive Operations Officer.

-Reviewed regulation 2600.103.f with the team and allowed Q and A to assure understanding and compliance.

Long term action plan:

-Continue ongoing temperature logs which are reviewed daily by Food Service Director (Logs from March and April are attached).

-Dining staff responsible and educated on reporting temperatures above 0 degrees immediately to Dining Director of Executive Operations Officer.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented () - 04/24/2026

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 3/31/26, Atorvastatin 10mg prescribed for Resident #1, was in the home's medication cart; however, this medication was discontinued on 8/21/25.

Plan of Correction

Accept () - 04/20/2026

Immediate Action Plan:

1. Conduct an audit of all medications in the medication cart to identify and remove discontinued medications, completed by Resident Wellness Director on 3/31/26. Note: there was no other discounted meds in the cart.

183d Prescription Current (continued)

2. Team huddle with Medication Associates on duty on 3/31/26 to discuss findings and plan to prevent reoccurrences.

Long term action plan:

1. Although medication associates were notified of finding on 3/31/26, Resident Wellness Director will conduct a training session emphasizing the policy on storing only current medications. (held 4/15/26 see sign sheet attached)

Topics discussed:

Monitor medication storage and compliance by assuring any medication that is discontinued is removed immediately from the med cart and disposed of per policy.

Reviewed regulation 2600.183.d and allowed Q and A to assure understanding and comprehension of policy.

Educate on personal responsibility of Med Techs to assure the integrity of the contents of the medication cart.

2. Issue coaching forms for the Med Techs that have had recent access to Building 2 medication cart. (see attached).

3. Maintain and complete weekly cart audits by Resident Wellness Director or Resident Wellness Coordinator and maintain records of each audit for quality assurance purposes. Executive Director to review audit records on a weekly basis.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented (█) - 04/24/2026

184b - Labeling OTC/CAM

3. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

A bottle of Refresh Tears belonging to Resident #2 was in the home's medication cart and was not labeled with the resident's name.

Plan of Correction

Accept (█) - 04/20/2026

Immediate Action Plan:

1. Conduct an audit of all medications in the medication cart to identify and assure labels on all medications, completed by Resident Wellness Director on 3/31/26. Note: there was no other unlabeled medications in the cart.

2. Resident Wellness Director conducted a med tech huddle on 3/31/26 to review findings and devise plan for prevention of future occurrences of this issue.

Long term action plan:

1. Although medication associates were notified of finding on 3/31/26 Resident Wellness Director will conduct a training session emphasizing the policy on storing and labeling medications. (held 4/15/26 see sign sheet attached)

Topics discussed:

Monitor medication storage to include labeling and ensure regulatory compliance.

Reviewed regulation 2600.184.b and allowed Q and A to assure understanding and comprehension of policy.

Importance of proper labeling of medication and review of the 5 rights of medication administration.

2. Maintain existing weekly cart audits by Resident Wellness Director or Resident Wellness Coordinator and maintain records of each audit for quality assurance purposes (most recent cart audit attached). Executive Director to review audits records on a weekly basis.

184b Labeling OTC/CAM (*continued*)

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented ([REDACTED] - 04/24/2026)