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

August 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 04/21/2026 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 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**: *50* **Waking Staff**: *38*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *04/21/2026*

Inspection Dates and Department Representative

04/21/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *25*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire home* **Capacity**: *38* **Residents Served**: *25*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *25*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *25*

Have Physical Disability: *0*

Inspections / Reviews

04/21/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/14/2026*

05/14/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/05/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/20/2026*

Inspections / Reviews *(continued)*

05/21/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/05/2026*

08/05/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at 6:30 PM, Staff Member A physically grabbed Resident [redacted] right arm and shoved Resident [redacted] to turn in another direction. Staff Member A said to Resident [redacted], "what the [redacted] is wrong with you. You're acting like a [redacted] You're an [redacted] This incident of abuse was observed and recorded by Staff Member B but was not reported to the local area agency on aging until [redacted] at 6:36 PM.

Plan of Correction ***Accept [redacted] - 05/13/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 03/18/2026 by the Area General Manager to Immediate termination of both staff members A & B.*
2. *on 03/18/2026 by the Area General Manager to Staff member A & B had no further contact with Resident [redacted]*

To enhance the currently compliant operations, on 05/19/2026 Executive Operation Officer will provide training for abuse reporting to all current team members, this training will be completed annually as well. New team members will receive training on reporting abuse when in initial orientation and annually, with a completion date of 05/13/2026.

Effective 05/13/2026 The Executive Operations Officer will perform a review of any abuse report made within 24 hours to ensure every step of the reporting process was completed within the timeframes outlined per the regulation. To maintain ongoing compliance with immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *05/19/2026*

Implemented[redacted] - 08/05/2026)

16c - Written Incident Report

2. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 6:30 PM, Staff Member A physically grabbed Resident [redacted]s right arm and shoved Resident [redacted] to turn in another direction. Staff Member A said to Resident [redacted], "what the [redacted] is wrong with you. You're acting like a [redacted] You're an [redacted] " This incident of abuse was observed and recorded by Staff Member B but was not reported to the Department until [redacted] at 8:00 PM.

16c Written Incident Report (continued)

Plan of Correction ***Accept [redacted] - 05/13/2026)***

In response to the violation on 04/21/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:
1. DHS & AAA was notified immediately once incident was reported to their supervisor.
2. All team members employed at the time of the supervisor being made aware were trained on reporting requirements at staff meeting held at the community on 3/19/2026.
To enhance the currently compliant operations, on 05/19/2026 Executive Operation Officer will provide training for abuse reporting and incident reporting to DHS to all current team members, this training will be completed annually as well. New team members will receive training on reporting any incident for abuse or other reportable incidents when in initial orientation and annually, with a completion date of 05/19/2026.
Effective 05/13/2026 The Executive Operations Officer will perform a review of any incident that is reportable within 24 hours to ensure every step of the reporting process was completed within the timeframes outlined per the regulation. To maintain ongoing compliance with immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *05/19/2026*

Implemented [redacted] - 08/05/2026)

42b - Abuse

3. 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 6:30 PM, Staff Member A physically grabbed Resident [redacted] right arm and shoved Resident [redacted] to turn in another direction. Staff Member A said to Resident [redacted], "what the [redacted] is wrong with you. You're acting like a [redacted] idiot. You're an idiot." This incident of abuse was observed and recorded by Staff Member B who could be heard laughing in the background. Staff Members A and B were terminated on [redacted] following the investigation into the incident.

Repeated Violation [redacted], et al.

Plan of Correction ***Directed ([redacted] 05/21/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/19/2026 by the Resident Wellness Director to provided training to all team members on regulation 2600.42.b at mandatory meeting that was held on 3/19/26.

To enhance the currently compliant operations:

42b Abuse (continued)

1. *on 05/19/2026 the Executive Operations Officer will mandatory staff meeting to review this regulation will be held on 5/19/2026, at this meeting not only will this regulation be reviewed but the Residents Rights will be reviewed and staff members will sign a copy of the residents rights for their employee record, with a completion date of 05/19/2026.*
2. *on 05/13/2026 the Executive Operations Officer will annually train all team members on residents rights. Residents rights will also be reviewed with new team members at time of orientation.*

The overall completion date is 05/19/2026.

Effective 5/13/2026 the Executive Operations Officer will perform staff meetings monthly where we will review the expectation of regulation 2600.42 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)
In addition to the above plan of correction:

- *Beginning no later than 6/1/26, the administrator or designee will complete at least 3 staff to resident observations per week for 4 weeks. Each observation will be completed with a different staff member and will be documented to include the date, time, staff member observed and the interaction.*
- *Documentation of completed education and observations will be kept by the home and available for review by the Department.*

Directed Completion Date: *06/05/2026*

Implemented [redacted] 08/05/2026)

42s - Privacy

4. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] at 6:30 PM, Staff Member B recorded an incident of staff to resident abuse between Staff Member A and Resident [redacted]. This recording including video and audio recording which was captured on personal electronic device.

Plan of Correction ***Accept ([redacted] - 05/21/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 03/18/2026 by the Area General Manager to Full investigation was completed for the incident that occurred on 3/16/26, this investigation included a review of the recording.*
2. *on 03/18/2026 by the Area General Manager to Team Member B was terminated immediately after review of the recording.*

To enhance the currently compliant operations:

42s - Privacy (continued)

1. *on 05/19/2026 the Executive Operations Officer will hold a mandatory staff meeting being held to review the policy and regulation surrounding the residents rights to privacy which also includes on a personal electronic device. This will also be reviewed annually with all staff and also during orientation for new staff, with a completion date of 05/19/2026.*
2. *on 05/19/2026 the Executive Operations Officer will have the team members sign the policy regarding privacy and recording devices at the mandatory staff meeting on 5/19/26, with a completion date of 05/19/2026.*

The overall completion date is 05/19/2026.

Effective 05/13/2026 the Executive Operations Officer will perform training with all staff members annually regarding policy and regulation 2600.42.s ,] to maintain ongoing compliance with providing residents the right to privacy of self and possessions and to provide privacy to each resident during bathing, dressing, changing and medical procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented [redacted] 08/05/2026)

201 - Positive Interventions

5. Requirements

2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On [redacted], at approximately 6:30 PM, Resident [redacted] was "confused and frustrated". Resident [redacted] approached Staff Member A by getting "into Staff Member A's face and Staff Member A started screaming at Resident [redacted] and telling Resident [redacted] to get out of [redacted] face". When Resident [redacted] would not get out of Staff Member A's face, Staff Member A physically grabbed Resident [redacted]s right arm and shoved Resident [redacted] to turn in another direction. Staff Member A said to Resident [redacted] "What the [redacted] is wrong with you? You're acting like a [redacted] idiot. You're an idiot." Staff Member B witnessed and recorded this incident and indicated Staff member A did not try to redirect Resident [redacted]. Staff Members A and B did not implement positive interventions to modify or eliminate Resident [redacted]'s behavior.

Plan of Correction ***Directed [redacted] 05/21/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/19/2026 by the Resident Wellness Director by holding a mandatory staff meeting on 3/19/26 to review safe management techniques, and positive interventions that included communication, redirection and deescalation techniques.

To enhance the currently compliant operations:

1. *on 03/18/2026 the Area General Manager both team members A & B were terminated immediately.*

201 - Positive Interventions (continued)

2. *on 03/18/2026 the Area General Manager completed full investigation into the incident that occurred on 3/16/26.*
3. *on 05/19/2026 the Executive Operations Officer scheduled a mandatory staff meeting that will be held on 5/19/26 to review the complete incident, investigation and provide education on safe management techniques and positive interventions.*

The overall completion date is [ ].

Effective 05/13/2026 the Executive Operations Officer will perform monthly Staff Meetings of Remind and provide them with safe management techniques and positive intervention methods., through [ ] to maintain ongoing compliance with ensuring the home must use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, de-escalation techniques and alternative techniques or methods to identify and defuse potential emergency situations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

- *Beginning no later than 6/1/26, the administrator or designee will complete at least 3 staff to resident observations per week for 4 weeks. Each observation will be completed with a different staff member and will be documented to include the date, time, staff member observed and the interaction.*
- *Documentation of completed education and observations will be kept by the home and available for review by the Department.*

Directed Completion Date: *06/05/2026*

Implemented ([redacted] 08/05/2026)