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

August 26, 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 07/09/2026, 07/13/2026 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**: *07/21/2027*

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**: *52* **Waking Staff**: *39*

Inspection Information

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

Reason: *Complaint, Interim* **Exit Conference Date**: *07/13/2026*

Inspection Dates and Department Representative

07/09/2026 - On-Site: [redacted]

07/13/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *26*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *LifeStories* **Capacity**: *38* **Residents Served**: *26*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *26*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *26* **Have Physical Disability**: *0*

Inspections / Reviews

07/09/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/15/2026*

Inspections / Reviews *(continued)*

08/14/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/25/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/21/2026*

08/26/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/25/2026*

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

121a - Unobstructed Egress

1. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted], an accumulation of mulch and debris blocked egress from the home's exit door leading to outside from B-hall.

Plan of Correction ***Accept [redacted] 08/14/2026)***

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

1. *on 07/10/2026 by the Maintenance Director to Removed all mulch and debris from the egress path.*
2. *on 07/10/2026 by the Maintenance Director to Multiple test performed to ensure exit door opens fully and easily.*
3. *on [ ] by the [ ] to [ ]*

To enhance the currently compliant operations:

1. *on 07/15/2026 the Maintenance Director or Designee will Ensure all egress routes remain unobstructed permanently.*
2. *on 07/15/2026 the Maintenance Director or Designee will conduct monthly inspections of all egress routes to check for and clear any blockages. Inspections will be documented and keep for DHS Inspector review.*
3. *on 07/23/2026 the Executive Operations Officer will Provide education to our staff on importance of keeping exits unobstructed and recognizing blockages, with a completion date of 07/23/2026.*

Implementation of preventive actions will be overseen by the Maintenance Director or Designee.

Effective 7/10/2026 the Maintenance Director will perform monthly inspections of all egresses to inspect for any obstructions, to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unblocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented [redacted] - 08/26/2026)

187a - Medication Record

2. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.

187a - Medication Record *(continued)*

7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] was ordered wound care to the [redacted] to include cleanse with wound cleanser, pat dry with gauze, apply zinc paste, and change dressing daily on [redacted]. This treatment was not documented on the resident's June 2026 Medication/Treatment Administration Record.

Resident [redacted] was ordered oxygen via nasal cannula @ 2LP for patient comfort on [redacted]. This treatment was not documented on the resident's June 2026 Medication/Treatment Administration Record.

Plan of Correction ***Accept [redacted] - 08/14/2026)***

In response to the violation on 07/09/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 07/10/2026 by the Resident Wellness Director to Immediate action was taken to ensure all current treatments and medications were accurately documented for all residents.*
2. *on 07/10/2026 by the Resident Wellness Director to Entered any missing treatments and/or medication into the Medication/Treatment Administration Record.*

To enhance the currently compliant operations:

1. *The Resident Wellness Director will Complete Audits monthly of all residents medication/treatment administration records.*
2. *The Resident Wellness Director will Identify and correct any undocumented treatments and medications after completing the monthly audit.*
3. *on 07/23/2026 the Executive Operations Officer provided education to prevent future documentation errors and ensure regulatory compliance.*
4. *The Resident Wellness Director or Designee will Complete daily check of medication and treatment administration records to catch any errors immediately.*
5. *The Resident Wellness Director or designee will complete an audit utilizing a checklist for each resident's medication/treatment record monthly that consists of required documentation for regulation 2600.187.a, this documentation will be kept for review by DHS inspectors.*

Effective 07/10/2026 the Resident Wellness Director will perform Monthly Audits of all residents medication and treatment records to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including (PRN) medications, and date and time of medication administration, and name and initials of the staff person administering the medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

187a - Medication Record (continued)

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented [redacted] - 08/26/2026)

187d - Follow Prescriber's Orders

3. Requirements

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

Description of Violation

Resident [redacted] was ordered for all wound care to be provided by the hospice nurse on [redacted] According to the resident's June 2026 Medication Administration Record, wound care including Abdom Pads and Ace elastic bandages to the right and left shin and foam flex non pad cloth tape to the left fifth toe was administered on [redacted] and [redacted] at 8:00AM by Staff Member A.

Repeated Violation - [redacted], et al, [redacted] et al

Plan of Correction ***Accept [redacted] - 08/14/2026)***

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

1. *on 07/10/2026 by the Resident Wellness Director completed an urgent audit of medication/treatment records.*
2. *on 07/23/2026 by the Executive Operations Officer education provided to all staff regarding physicians orders and complying with them exactly how they are written.*

To enhance the currently compliant operations:

1. *The Resident Wellness Director will enter wound care orders to appear on the treatment record exactly as written by prescriber.*
2. *The Resident Wellness Director or Executive Operations Officer will have ongoing communication regarding any and all updates for status changes of a mutual patients. Communication logs are also kept in Wellness Office for each individual on any type of third-party care service.*

The overall completion date is [ ].

Effective immediately the Resident Wellness Director will perform audits of the residents treatment record to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented [redacted] - 08/26/2026)

202 - Prohibitions

4. Requirements

202 - Prohibitions *(continued)*

2600.
202. The following procedures are prohibited:
1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

Description of Violation

On [redacted] at 7:30 PM, a caregiver from Senior Helpers holding was holding the door shut to a resident room with Resident [redacted] on the inside of the room trying to exit. The caregiver stated that the resident was being aggressive with [redacted] Staff Member B redirected the caregiver to let the door go at which point the caregiver left the home.

Plan of Correction ***Accept [redacted] - 08/14/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2026 by the Executive Operations Officer to Staff meeting held on 7/23/26 included education regarding resident rights and seclusion of a resident.

To enhance the currently compliant operations:

1. *on 08/20/2026 the Resident Wellness Director or Executive Operations Officer will Monthly staff meetings will include a topic surrounding residents rights and redirection techniques of a resident.*
2. *on 08/21/2026 the Executive Operations Officer will require all staff that are hired through a third-party organization that will be performing services for residents in our community will be required to complete a brief orientation regarding residents rights and abuse/neglect policies, procedures and regulations.*

Effective immediately the Executive Operations Officer will provide ongoing education of residents rights and abuse and neglect at our monthly staff meeting and through an orientation for all third-party caregivers to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented [redacted] 08/26/2026)

224a - Preadmission Screen Form

5. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted to the home on [redacted] The resident's preadmission screening form was missing the date the screening was completed.

Plan of Correction ***Accept [redacted] 08/14/2026)***

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

1. *on 07/09/2026 by the Resident Wellness Director to Immediately added the date of the pre-admission*

224a - Preadmission Screen Form (continued)

screening to resident [redacted] screening.

2. *on 07/13/2026 by the Resident Wellness Director to Audit completed on all current residents charts to make sure all Preadmission screenings were completed in their entirety.*
3. *on 07/10/2026 The Executive Operations Officer presented a verbal warning to the Resident Wellness Director discussing the importance of ensuring that all documentation is completed in its entirety.*
4. *on 07/10/2026 The Executive Operations Officer provided education to the Resident Wellness Director regarding regulations surrounding all clinical documentation and completing every section in its entirety.*

To enhance the currently compliant operation, on 08/12/2026 the Executive Operations Officer will update the admission check list with reminders to check and make sure all sections of the pre admission screening are completed upon every admission.

Effective immediately the Resident Wellness Director will perform daily a review of the preadmission screening upon every admission, to maintain ongoing compliance with Ensuring determination is made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. Ensuring the preadmission form is filled out to its entirety prior to admission. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented [redacted] 08/26/2026)

227g -Support Plan Signatures

6. 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] assessment and support plan dated [redacted] was missing the signature of the assessor and the resident and did not document an inability or refusal to sign.

Repeated Violation - [redacted] et al

Plan of Correction ***Accept [redacted] - 08/14/2026)***

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

1. *on 07/10/2026 Unfortunately, Resident [redacted] was already deceased, we were unable to obtain a signature from the resident, however the Resident Wellness Director did document that [redacted] is deceased.*
2. *on 07/10/2026 by the Resident Wellness Director to Resident Wellness Director who completed Resident [redacted] RASP did sign off on the document completed on 4/24/2026.*
3. *on 07/13/2026 the Resident Wellness Director completed an audit of all current residents RASP to ensure signatures were on the documents or there was a description of why they were not signed.*

To enhance the currently compliant operations:

1. *on 08/01/2026 the Resident Wellness Director will complete audits monthly of all RASP's to ensure they are completed and updated to their entirety.*

227g Support Plan Signatures (continued)

2. *on 08/01/2026 the Resident Wellness Director upon completion of a annual of significant change RASP for any resident the Resident Wellness Director will reach out to the POA to schedule a meeting to review and if they are unable to attend in person [redacted] will email the documents for their review and request a signature from the POA.*
3. *on 08/01/2026 the Resident Wellness Director will attempt to review with and request the resident to sign the RASP, if they refuse the refusal will be documented on the RASP signature line.*

Effective 08/01/2026 the Resident Wellness Director will maintain ongoing compliance with ensuring individuals, who participate in the development of the support plan, sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented [redacted] - 08/26/2026)

234b - Support Plan Needs Elements

7. Requirements

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plans dated [redacted] and [redacted] for Resident [redacted] did not address the resident's wound care services provided by Personic Health and Amedysis.

Repeated Violation [redacted], et al

Plan of Correction ***Accept [redacted] 08/14/2026)***

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

1. *on 07/10/2026 Unfortunately, Resident [redacted] was already deceased at this time so we were unable to correct and add wound care and providers to [redacted] RASP.*
2. *on 07/13/2026 the Executive Operations Officer provided a verbal warning and education to Resident Wellness Director regarding regulations and policies/procedures of detailed RASP.*
3. *on 07/14/2026 the Resident Wellness Director completed audits for each resident in our community to ensure all providers and care needs were documented on their individual RASP.*
4. *on 07/23/2026 the Executive Operations Officer provided education at the monthly staff meeting regarding the importance of a RASP, the requirements and knowledge of how it helps provide individualized care to our residents.*

To enhance the currently compliant operations:

1. *The Resident Wellness Director and/or Executive Operations Officer will complete audits monthly for all residents currently residing in the community, corrections will be made and documented where necessary regarding their care needs and all providers involved with the resident and the providers responsibilities.*

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented [redacted] - 08/26/2026)