

Department of Human Services
Bureau of Human Service Licensing

March 31, 2021

[REDACTED] CHIEF OPERATING OFFICER
TITHONUS LANCASTER, LP
6600 BROOKTREE COURT,SUITE 1000
C/O INTEGRACARE CORP
WEXFORD, PA 15090

RE: MAGNOLIAS OF LANCASTER
1870 ROHRESTOWN ROAD
LANCASTER, PA, 17601
LICENSE/COC#: 32259

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/17/2021, 02/22/2021, 02/23/2021, 02/24/2021, 02/25/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: MAGNOLIAS OF LANCASTER **License #:** 32259 **License Expiration Date:** 07/21/2021
Address: 1870 ROHRESTOWN ROAD, LANCASTER, PA 17601
County: LANCASTER **Region:** CENTRAL

Administrator

Name: [REDACTED] **Phone:** 7175601100 **Email:** [REDACTED]

Legal Entity

Name: TITHONUS LANCASTER, LP
Address: 6600 BROOKTREE COURT, SUITE 1000, C/O INTEGRACARE CORP, WEXFORD, PA, 15090
Phone: 7175601100 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 09/11/1997 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 40 **Working Staff:** 30

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 02/25/2021

Inspection Dates and Department Representative

02/17/2021 - Off-Site: [REDACTED]
 02/22/2021 - On-Site: [REDACTED]
 02/23/2021 - Off Site: [REDACTED]
 02/24/2021 - Off-Site: [REDACTED]
 02/25/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 38 **Residents Served:** 20

Secured Dementia Care Unit

In Home: Yes **Area:** entire building **Capacity:** 38 **Residents Served:** 20

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 20
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 20 **Have Physical Disability:** 0

Inspections / Reviews

02/17/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *03/22/2021*

3/29/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/30/2021*

3/31/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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

A medication error occurred on January 7, 2021 when Resident 1 was not given [REDACTED] prescribed Mirtazapine 7.5 mg tablet. The home did not report the error to the Department.

16c - Written Incident Report *(continued)***Plan of Correction****Accept***Violation Interpretative Statement:*

Reporting incidents allows the Department to respond promptly to serious situations and offers homes the opportunity to provide information that may reduce the need for the Department to pursue additional information. Review the benefit of the Regulation, per RCG:

The primary benefit of this regulation is to allow the home the opportunity to provide information that may reduce the assumption of non-compliance with regulatory issues.

Description of the Repair of the Immediate Problem:

The PCHA and licensed nursing staff will be educated to on the specifics of identifying medication errors, what constitutes a medication error and process for reporting by March 30, 2021.

Determine/ document the Root Cause of the Violation:

A missed med was not escalated to the appropriate parties (Resident Wellness Director and Executive Director) and the subsequent reporting did not take place.

*Detail Action Steps/ System Developed to prevent future occurrence:**a. Changing practice?*

Ensure all contact telephone numbers for administration are readily available and that team members understand what process to follow if a missed med is identified.

b. Teaching or Training?

All licensed team members will be educated on missed medication reporting by March 30, 2021.

c. On-going Monitoring?

Review of 24-hour documentation and internal communications will be done to ensure whether a certain type of event or specific situation needs to be reported.

Designated position responsible and specify target date for correction:

The Personal Care Home Administrator will be responsible to ensure all reportables are submitted timely. Reportable events will continue to be reviewed daily during stand up and in our monthly Safety and Quality committees on an ongoing basis.

Date of Completion: March 23, 2021 and ongoing

Completion Date: 03/30/2021

Document Submission**Implemented**

Training took place for team members and managers on 3/30/2021. Documents uploaded highlighting agenda review.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident 1 was prescribed Mirtazapine 7.5 mg tablet to be given at bedtime. This medication was not administered on January 7, 2021.

Plan of Correction

Accept

Review the benefit of the Regulation, per RCG:

Ensures that residents received medications and treatments as ordered by a physician.

Description of the Repair of the Immediate Problem:

On, 1/08/2021 Resident #1's medication was delivered to the community.

Determine/ document the Root Cause of the Violation:

Resident Wellness Director failed to follow up with refill and have medication on hand per physician's orders .

Detail Action Steps/ System Developed to prevent future occurrence:

By 3/30/2021, RWD will educate all Medication Assistants and LPNs on the procedures of ordering medication and refills per policy and procedures. RWD and LPN's will complete weekly audit of medication cart for reordering of medication and to ensure timeliness of orders is happening.

Designated position responsible and specify target date for correction.

RWD - 3/30/2021

Completion Date: 03/30/2021

Document Submission

Implemented

Training of all managers an team members took place today and we reviewed medication auditing of our medication carts. Audit tool uploaded and will be used every week moving forward to validate review of carts and that all meds are present for administration.

233c Key Locking Devices

1. 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

The directions for operating the home's locking mechanism are not conspicuously posted near the front door of the building.

Plan of Correction

Accept

The directions for operating the front door locking mechanism were immediately put up directly underneath the key code and will be checked during weekly Safety and Maintenance Director's rounds to ensure it is still present by the door.

Completion Date: 02/17/2021

233c - Key-Locking Devices *(continued)***Document Submission****Implemented**

Key code has been provided at the keypad and picture validating presence has been uploaded.