



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MAGNOLIA PLACE MANAGEMENT LLC
LEGAL ENTITY

To operate MAGNOLIA PLACE OF SAXONBURG
NAME OF FACILITY OR AGENCY

Located at 100 BELLA COURT, SAXONBURG, PA 16056
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 141
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 20, 2020 until February 20, 2021,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450900**

Robert E. Robinson
ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Mailing Date: February 20, 2020

Ms. Kelly Waldman
Member
Magnolia Place Management, LLC
1326 Freeport Road, Suite 100
Pittsburgh, Pennsylvania 15238

RE: Magnolia Place of Saxonburg
100 Bella Court
Saxonburg, Pennsylvania 16056
Certificate #: 450900

Dear Ms. Waldman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections January 17, 2020 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Violation Report

Facility Information

Name: *MAGNOLIA PLACE OF SAXONBURG*

License Number: *45090*

Address: *100 BELLA COURT,, SAXONBURG, PA 16056*

County: *BUTLER*

Region: *WESTERN*

Administrator

Name: *Christal Ostrowski*

Phone: *7249192763*

Email: *costrowski@magnoliaplaceofsaxonburg.com*

Legal Entity

Name: *Magnolia Place Management LLC*

Address: *1326 Freeport Rd. Suite 100, Pittsburgh, PA, 15238*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *66*

Waking Staff: *50*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Announced*

Reason: *Complaint,Change Legal Entity*

Inspection Dates and Department Representative

01/17/2020 - On-Site: Lori Gillette, Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *141*

Residents Served: *44*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Lower Level*

Capacity: *20*

Residents Served: *9*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *44*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *22*

Have Physical Disability: *1*

103f - Refrigerator/Freezer Temps

Regulations

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

At 10:45am, the temperature in the chest freezer in the dry goods area was 8 degrees Fahrenheit.

Also, At 10:58am, the temperature in the SDCU kitchenette refrigerator was 42 degrees Fahrenheit.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached.

See page 2a of 3

Legal Entity Representative

Cristal Ostrowski
Signature

Cristal Ostrowski Executive Director
Printed Name and Title

2/4/2020
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/5/2020
(Date)

Plan of correction implementation status as of 2/5/2020
(Date)

The above plan of correction was approved by *JW*
(Initials)

- Implemented
- Not Implemented

1-17-2020 Placement of thermometer in the chest freezer located in the dry goods area was immediately corrected by staff with the Licensing Representative present. Dining Director and onsite staff immediately educated on proper placement. Thermometer placement and temperature re-checked with Licensing Representative present at approximately 2:50 p.m. -10° F.

1-17-2020 Thermometer placement in dry goods chest freezer to be verified daily by staff in building with temperature checks on daily temperature log.

Administrator and/or designee (staff in building) will monitor daily for compliance (see attached freezer temperature logs and photos taken 1/22/2020 and 2/4/2020).

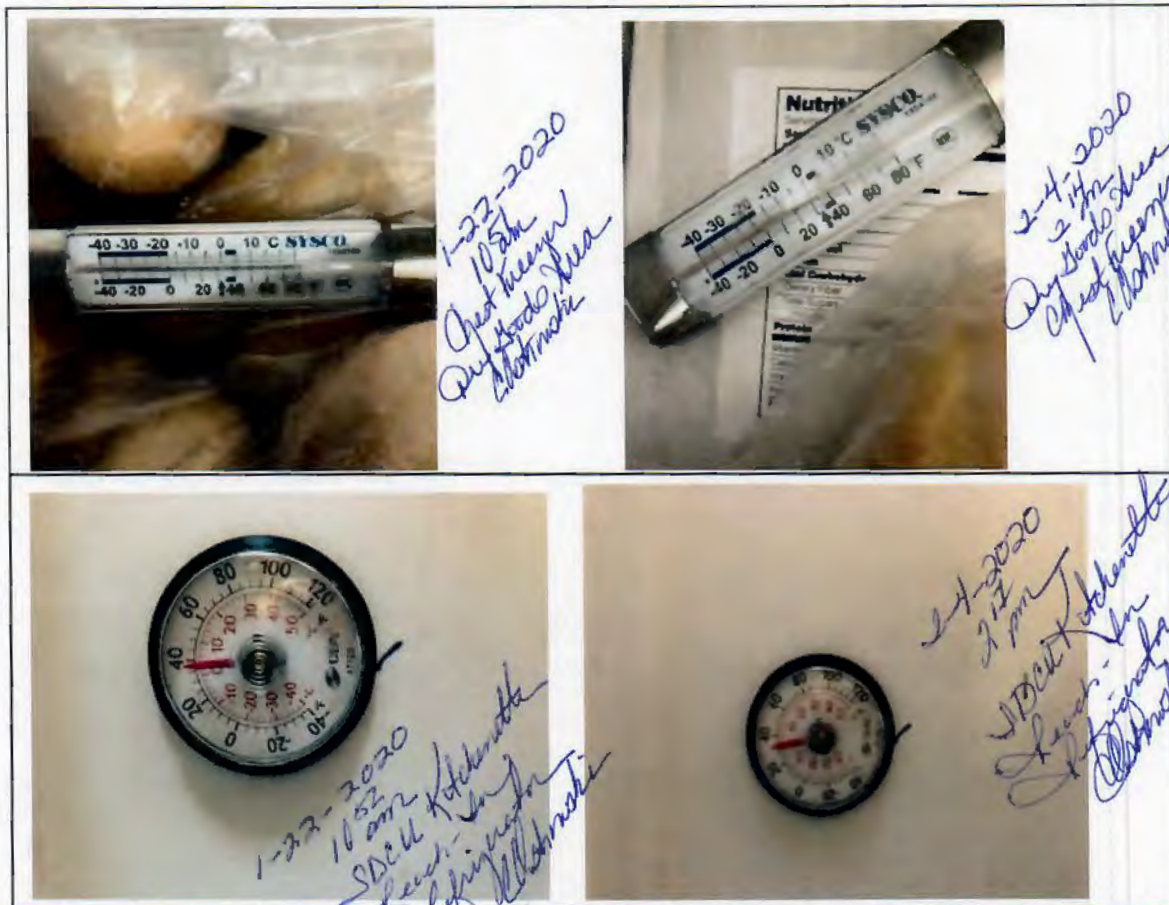
Training will be conducted with dietary aides and cook(s) by the Dining Director and/or designee in the areas required by this regulation in order to protect the resident's safety at time of new hire orientation/training period and annually.

1-17-2020 Placement of thermometer in SDCU kitchenette refrigerator was immediately corrected by staff with Licensing Representative present. Onsite staff and Dining Director immediately educated on proper placement. Thermometer placement and temperature re-checked with Licensing Representative present at 2:45 p.m. 38°F.

1-17-2020 Thermometer placement in SDCU kitchenette refrigerator to be verified daily by staff in building with temperature checks on daily temperature log.

Administrator and/or designee (staff in building) will monitor daily for compliance (see attached refrigerator temperature logs and photos taken 1/22/2020 and 2/4/2020).

All staff persons shall have education by the Administrator and/or designee in the areas required by this regulation in order to protect the resident's safety. Education shall be administered during new hire orientation/training period and annually.



Crystal Robinson

Crystal Robinson Executive Director 2/4/2020

JW 2/5/2020

132a - Monthly Fire Drill

Regulations

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of September 2019 and October 2019.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached.

See page 3a of 3

Legal Entity Representative

Crystal Ostrowski
Signature

Crystal Ostrowski Executive Director
Printed Name and Title

2/4/2020
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/5/2020
(Date)

Plan of correction implementation status as of 2/5/2020
(Date)

The above plan of correction was approved by *JW*
(Initials)

- Implemented
- Not Implemented

1-30-2020 Staff in the building scheduled and completed the fire safety inspection and a fire drill by the fire safety expert (see attached).

Administrator will develop a schedule of monthly fire drills for the upcoming annual training year to ensure drills are held as required by the regulation. Environmental Services Director will execute the unannounced drills monthly and record all information required by this regulation on the department approved forms (example attached) and record/obtain staff members signatures immediately after the drill on the department approved form (example attached).

Environmental Services Director will upload schedule of fire drill tasks in the building management platform TELS and upload stated records upon completion of monthly drills (see attached agreement). Fire drill report will be filled out accordingly. All hard copies of the fire drill records will be kept in the Life Safety Binder in the Administrators office. Administrator will monitor monthly for compliance.

Environmental Services Director will develop a schedule of monthly Safety Meetings. Safety Meetings will include monthly review of fire drill logs/records to monitor drill practice adherence and documentation compliance monthly.

Prior to or during the first day of work, all direct care staff, including ancillary staff persons, substitute personnel and volunteers will be oriented to fire safety as required by this regulation and documented in training records.

Crystal Ostrowski Executive Director 2/4/2020

JW 2/5/2020