

Department of Human Services
Bureau of Human Service Licensing

December 28, 2021

[REDACTED]
MAGNOLIA PLACE MANAGEMENT LLC
[REDACTED]
[REDACTED]

RE: MAGNOLIA PLACE OF SAXONBURG
100 BELLA COURT
SAXONBURG, PA, 16056
LICENSE/COC#: 45090

Dear Ms. Kelly Waldman,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/20/2021, 10/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *MAGNOLIA PLACE OF SAXONBURG* License #: *45090* License Expiration: *02/20/2022*
Address: *100 BELLA COURT, SAXONBURG, PA 16056*
County: *BUTLER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7243522827* Email: [REDACTED]

Legal Entity

Name: *MAGNOLIA PLACE MANAGEMENT LLC*
Address: *1326 FREEPORT ROAD, SUITE 100, PITTSBURGH, PA, 15238*
Phone: *7243522827* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/19/1997* Issued By: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *11/23/2021*

Inspection Dates and Department Representative

10/20/2021 - On-Site: [REDACTED]

10/20/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *61*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lower level* Capacity: *20* Residents Served: *16*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *18* Have Physical Disability: *2*

Inspections / Reviews

10/20/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/13/2021*

Inspection Dates and Department Representative (*continued*)

12/22/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/30/2021*

12/28/2021 - Document Submission

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

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #1's resident assessment and support plan, dated [redacted] indicates [redacted] is deaf and requires staff to speak slowly and be face-to-face in order for [redacted] to read lips. In addition, resident #1 has a white board on which staff can communicate in writing. Resident #1 then reads the written communication and can verbally respond. On 10/13/21, staff person A was in resident #1's room making [redacted] bed. Resident #1 told staff person A how [redacted] wanted [redacted] bed made and staff person A yelled loudly into the resident's ear during this exchange and left the room. Resident #1 indicates this really upset [redacted] and [redacted] told staff person A to never do that again.

Plan of Correction

Accept

On 10/20/21 and 11/08/21 all staff persons reeducated by Administrator and Resident Services Director on regulation 2600.42(c), 2600.23(a) and Resident #1's assessment and support plan as it relates to resident specific communication needs and plan to meet specific sensory needs.

Administrator, Resident Services Director and/or Designee will check-in with resident weekly for one (1) month to assess staff compliance with meeting resident specific sensory needs and monthly thereafter for three (3) months to ensure compliance.

HR Director and/or Designee shall introduce all department new hires to Resident #1 as first step towards resident preferred effective communication to mitigate risk of violation reoccurrence. Documentation shall be kept on new hire orientation paperwork.

Documentation attached.

Completion Date: 12/08/2021

Document Submission

Implemented

See attached documentation completed 12/22/2021.

[redacted]

12/27/2021

Completion Date: 12/27/2021

185a - Implement Storage Procedures

1. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed Hydrocodone Acetaminophen 5-325mg - take 1 tablet by mouth every 4 hours as needed for pain. However, this medication was unavailable in the home from 9:00 AM on 10/12/21 to 2:00 PM on 10/14/21.

Plan of Correction

Accept

Resident #1's prescription obtained immediately upon physicians first availability (off for observed holiday). Prescription written/obtained 10/14/2021 at 9:15 AM with pharmacy stat order/delivery same day.

185a - Implement Storage Procedures (continued)

10/21/21 through 10/26/21 LPN Support Nurse Supervisor completed a whole house audit of medications to ensure availability and regulatory compliance. LPN Support Nurse Supervisor, Resident Services Director and/or Designee will complete whole house medication cart audits weekly for a period of one (1) month and monthly thereafter to ensure on-going regulatory compliance. Pharmacy shall conduct audits quarterly. Documentation will be kept on file. Results to be reviewed at QA/QI monthly.

All staff persons qualified to administer medications were educated on regulation 2600.185(a-b) and the home's associated policy and/or procedures related to regulation 2600.185(a-b).

Supporting documentation attached.

Completion Date: 12/08/2021

Document Submission

Implemented

See attached documentation completed 12/02/2021.

[Redacted]

12/27/2021

Completion Date: 12/27/2021

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident #1 is prescribed Zolpidem Tartrate 10mg - take 1 tablet daily by mouth at bedtime. However, this medication was not administered to the resident on 9/1/21, 9/2/21, 9/3/21, 9/4/21, 9/5/21, 9/6/21, 9/7/21 and 9/8/21 because the medication was not available in the home.

Plan of Correction

Accept

All staff persons qualified to administer medications were reeducated by Resident Services Director on regulation 2600.187(d), and the home's associated policy and procedures to prevent reoccurrence.

10/21/21 through 10/26/21 LPN Support Nurse Supervisor completed a whole house audit of medications to ensure availability and regulatory compliance. LPN Support Nurse Supervisor, Resident Services Director and/or Designee will complete whole house medication cart audits weekly for a period of one (1) month and monthly thereafter to ensure on-going regulatory compliance. Pharmacy shall conduct audits quarterly. Documentation will be kept on file. Results to be reviewed at QA/QI monthly.

Supporting documentation attached.

Completion Date: 12/08/2021

Document Submission

Implemented

See attached documentation completed 12/02/2021.

[Redacted]

187d - Follow Prescriber's Orders (continued)

12/27/2021

Completion Date: 12/27/2021**227d - Support Plan Medical/Dental****1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's assessment, dated 8/12/21, indicates the resident has a diagnosis of Atrial Fibrillation. The resident's support plan, dated 8/12/21, documents the resident's replacement pacemaker with merlin which was implanted on 9/21/21; however, there is no information on the resident's previous pacemaker, to include frequency of checks or responsible party.

Plan of Correction**Accept**

Previous pacemaker healthcare information unavailable to new ownership at time of change 02/20/20. All residents considered new admissions with limited history available.

Pacemaker audit tool developed and implemented. All in-house residents assessed for pacemaker by Resident Services Director, Administrator and LPN Support Nurse Supervisor on 10/29/21. Documentation shall be kept.

Supporting documentation attached.

Completion Date: 12/08/2021**Document Submission****Implemented**

See attached documentation completed 12/07/2021.

12/27/2021

Completion Date: 12/27/2021