

Department of Human Services  
Bureau of Human Service Licensing

October 4, 2022

ADMINISTRATOR

RE: FREDERICK LIVING - MAGNOLIA  
HOUSE  
2849 BIG ROAD  
ZIEGLERVILLE, PA, 19492  
LICENSE/COC#: 12772

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/16/2021, 12/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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: *FREDERICK LIVING - MAGNOLIA HOUSE* License #: *12772* License Expiration: *07/22/2022*  
Address: *2849 BIG ROAD, ZIEGLERVILLE, PA 19492*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/13/2001* Issued By: *CW L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *12/17/2021*

**Inspection Dates and Department Representative**

12/16/2021 - On-Site: [REDACTED]  
12/17/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *104* Residents Served: *66*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**12/16/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/23/2022*

Inspections / Reviews *(continued)*

01/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/27/2022*

10/04/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

*There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room 1127.*

Plan of Correction

**Accept**

*What is the violation?*

*Resident's phone in Apartment 1127 did not have emergency telephone numbers to include the nearest hospital and fire department.*

*Why did it occur?*

*This occurred because upon moving into resident's apartment in September 2021, staff did not place or check resident's phone for the emergency numbers.*

*What do we do right now to fix the problem? A laminated emergency phone slip was attached to resident's phone immediately.*

*Who: Administrative assistant*

*What: Assistant also completed an audit for all apartments to ensure that all resident phones had the emergency numbers attached. Also replaced any that was illegible to ensure that the numbers are clearly indicated on the slip.*

*When: This was completed on December 31st 2021*

*How do we prevent it from happening again? Admin Assistant will ensure that resident's apartment phone has the emergency numbers upon move in. This will be a part of the room check prior to move-in.*

*Who: Admin assistant will also complete an audit quarterly.*

*What: The audit would consist of checking for emergency numbers on resident apartment phones*

*When: Quarterly*

*Administrator will receive a report of this audit, and will be reported in quality assurance for two periods.*

**Completion Date:** 01/24/2022

Document Submission

**Implemented**

*Audit was completed, and please see the attached citing verification of the emergency numbers were placed in resident apartments.*

224a - Preadmission Screen Form

1. 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 1's preadmission screening form, dated [REDACTED] does not include a determination if the resident can safely use and avoid poisonous materials.*

224a - Preadmission Screen Form (*continued*)**Plan of Correction****Accept***What is the violation?**Preadmission screening form for resident #1, dated 12.30.21, did not include that the resident can safely use and avoid poisonous materials.**Why did it occur? When resident moved from the skilled nursing facility to Personal Care, the box indicating that resident can use and avoid poisonous materials was not checked by the nurse practitioner or the nurse.**What do we do right now to fix the problem? The form was corrected and updated immediately. Education was also provided to clinical manager and coordinator.**Who: Administrator made the correction, updated the nurse practitioner, and the clinical manager.**What: The box on the preadmission screening form was checked and corrected.**When: Correction was made on 12.17.21; nurse practitioner updated.**How do we prevent it from happening again? Clinical manager, Coordinator, and all designated staff conducting a preadmission screening will ensure that the form is completed entirely.**Who: Administrator, Clinical manager, Coordinator and designated staff.**What: The preadmission screening will be completed in its entirety.**When: The form will be completed for each resident at the time of the assessment. This will be done by either the nurse practitioner, the clinical manager or the designee.***Completion Date:** 01/24/2022**Document Submission****Implemented***Document was corrected and completed. Physician was informed of the correction. Please see the attached.*