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

February 1, 2023

[redacted], MEMBER
MAGNOLIA PLACE MANAGEMENT LLC
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/15/2022, 11/16/2022 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: *MAGNOLIA PLACE OF SAXONBURG* **License #**: *45090* **License Expiration**: *02/20/2024*

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

County: *BUTLER* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *MAGNOLIA PLACE MANAGEMENT LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/19/1997* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *85* **Waking Staff**: *64*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *11/16/2022*

Inspection Dates and Department Representative

11/15/2022 - On-Site: [redacted]

11/16/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* **Residents Served**: *58*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Magnolia Village* **Capacity**: *32* **Residents Served**: *24*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *58*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *3*

Have Mobility Need: *27* **Have Physical Disability**: *2*

Inspections / Reviews

11/15/2022 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/12/2022*

12/15/2022 - POC Submission

Submitted By: [redacted] **Date Submitted**: *01/29/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *01/30/2023*

Inspections / Reviews *(continued)*

02/01/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *01/29/2023*

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

81b Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 11/15/22, resident #1 had an enabler attached to [redacted] bed. However, there were two open areas of the enabler, measuring 15 ½ inches x 4, creating a potential entrapment hazard.

Plan of Correction ***Accept ([redacted] - 12/15/2022)***

On 11/15/22 during the inspection the Environmental Services Director immediately affixed a mesh covering to the enabler. On 11/15/22 during the inspection the Business Office Manager ordered a permanent cover for the enabler. On 11/21/22 permanent cover received and applied to the enabler by the Environmental Services Director. Beginning 11/22/22 the Environmental Services Director and/or designee will audit resident enablers weekly to assure compliance is maintained. Documentation will be kept. Compliance to be reviewed at QA/QI by the Administrator monthly beginning 12/02/22.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented [redacted] - 02/01/2023)

82c Locking Poisonous Materials

2. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 11/15/22, there was a 1 quart plastic spray bottle, approximately 1/8 full, of alkaline bathroom cleaner and disinfectant and a 1 pound package of Clorox wipes, unsecured, accessible and unattended, on the shelf next to the half door in the secure unit kitchenette. The half door was unlocked and the shelf was within reach of residents.
The bottle was labeled "Corrosive, causes irreversible eye damage. For emergency medical information in USA or Canada call -1-800-328-0026 and the Clorox wipes were labeled "Avoid contact with eyes or clothing. Call poison control center for treatment advice"
Multiple resident's residing in the secured unit are assessed unable to avoid or use poisonous material to include resident #2

Plan of Correction ***Accept [redacted] - 12/15/2022)***

On 11/15/22 during the inspection staff immediately removed poisonous materials; re-educated by Administrator; stored cleaning agents in designated area; closed 1/2 door with asylum lock for inaccessibility. On 11/15/22, 11/16/22 and 11/17/22 all direct care staff re-educated by Administrator and/or Resident Services Director. Beginning 11/16/22 Resident Services Director and/or Administrator will audit compliance 3x weekly x1 month followed by weekly x 2 months. Documentation will be kept. Compliance to reviewed by Administrator monthly at QA/QI beginning 12/02/22.

Licensee's Proposed Overall Completion Date: *02/22/2023*

Implemented ([redacted] - 02/01/2023)

95 - Furniture and Equipment

3. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 11/15/22, the right side door of the double fire doors next to bedroom #315 was observed to swing shut very fast and with force when released, creating a potential hazard to residents.

Plan of Correction ***Accept ([redacted] 12/15/2022)***

On 11/15/22 during the inspection Environmental Services Director replaced the swing operating closure on the right side of the double fire door next to unit #315. Beginning 11/17/22 Environmental Services Director and/or designee will manually check all fire doors weekly to assure compliance with swing arm closures. Documentation will be maintained. Compliance will be reviewed by Administrator at QA/QI monthly beginning 12/02/22.

Licensee's Proposed Overall Completion Date: *12/17/2022*

Implemented [redacted] - 02/01/2023)

184a - Resident's Meds Labeled

4. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

on 11/15/22, resident #1 was prescribed [redacted] – take one tablet orally daily. However, the medication's label indicates [redacted] - Take one tablet by mouth every day ([redacted])

Plan of Correction ***Accept ([redacted] - 12/15/2022)***

On 11/16/22 during the inspection resident #1's physician notified of medication error by Resident Services Director, new clarification order received for correct dosage, family notified, medication error investigation initiated. On 11/16/22 during the inspection Administrator submitted medication error incident report to ra-pwarlnorthwest@pa.gov (mailto:ra-pwarlnorthwest@pa.gov). On 11/17/22 Resident Services Director and Administrator re-educated all staff persons qualified to administer medications on regulation 2600.184(a) and facility policy and procedure. Staff persons involved received progressive discipline by Resident Services Director on 11/18/22 and 11/22/22. On 11/25/22 Resident Services Director completed whole house med cart audit to assess compliance. Beginning 12/01/22 Resident Services Director, Administrator and/or designee will conduct monthly cart audits to measure compliance x3 months. Pharmacy to conduct quarterly compliance audits beginning March 2023. Documentation shall be kept. Results to be reviewed at QA/QI by the Administrator monthly beginning 12/02/22.

Licensee's Proposed Overall Completion Date: *02/28/2023*

Implemented [redacted] - 02/01/2023)

185a - Implement Storage Procedures

5. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use

185a Implement Storage Procedures *(continued)*

Description of Violation

On [redacted] resident #1 was prescribed [redacted] take 1 tablet orally daily. On [redacted], this medication was not available in the home.
Repeat Violation: 10/20/21

Plan of Correction ***Accept ([redacted] - 12/15/2022)***

On [redacted] during the inspection resident #1's refill had not arrived from the VA, Resident Services Director placed a stat order, same day delivery through facility pharmacy. On [redacted] Resident Services Director and Administrator re educated all staff persons qualified to administer medication on regulation 2600.185(a) and facility policy and procedure. Staff persons involved received progressive discipline by Resident Services Director on 11/22/22. On 11/25/22 Resident Services Director completed whole house med cart audit to assess compliance. Beginning 12/01/22 Resident Services Director, Administrator and/or designee will conduct monthly cart audits to measure compliance x3 months. Pharmacy to conduct quarterly compliance audits beginning March 2023. Documentation shall be kept. Results to be reviewed at QA/QI by the Administrator monthly beginning 12/02/22.

Licensee's Proposed Overall Completion Date: *02/28/2023*

Implemented ([redacted] - 02/01/2023)

6. 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

On [redacted] records indicated that resident #1's blood glucose was [redacted] at [redacted]. on [redacted] and [redacted] at [redacted]. on [redacted] However, the home's blood glucose log indicates a blood glucose reading of [redacted] at [redacted] on [redacted] and [redacted] at [redacted]. on [redacted]

On [redacted] records indicated that resident #3's blood glucose was [redacted] at [redacted]. on [redacted]. However, the home's blood glucose log indicated a blood glucose reading of [redacted] at [redacted]. on [redacted].

On [redacted] records indicated that resident #4's blood glucose was [redacted] at [redacted] on [redacted]. However, the home's blood glucose log indicated a blood glucose reading of [redacted] at [redacted]. on [redacted]

On [redacted] records indicated that resident #4's blood glucose was [redacted] at [redacted]. on [redacted]. However, the home's blood glucose log indicated a blood glucose reading of [redacted] at [redacted] on [redacted].

On [redacted] records indicated that resident #4's blood glucose was [redacted] at [redacted] on [redacted], however the home's blood glucose log indicated a blood glucose reading of [redacted] at [redacted] on [redacted].

Plan of Correction ***Accept ([redacted] - 12/15/2022)***

On 11/16/22 during the inspection Resident Services Director ordered diabetic logbooks (per individual/per med cart) for qualified staff persons to document blood glucoses immediately after MAR entry. On 11/17/22 all staff persons qualified to administer medications re educated by Resident Services Director. On 11/21/22 diabetic logbooks

185a Implement Storage Procedures (continued)

arrived and implemented by Resident Services Director. On 11/29/22 Resident Services Director completed 100% audit of glucometer readings, MAR and diabetic logbook entries to assess compliance. Starting 12/01/22 Resident Services Director will conduct audits twice monthly x 3 months to monitor compliance. Effective 03/01/22 Resident Services Director, Administrator and/or designee will conduct random audits monthly to measure on going compliance. Documentation will be maintained. Compliance monitoring will be reviewed monthly at QA/QI by Administrator beginning 12/02/22.

Licensee's Proposed Overall Completion Date: *02/28/2023*

Implemented [redacted] - 02/01/2023)

187a - Medication Record

7. Requirements

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

Description of Violation

On [redacted] records indicated that resident #3 was prescribed [redacted]

However, the resident's November 2022 medication administration record (MAR) indicated [redacted]

[redacted] Correction ***Accept [redacted] - 12/15/2022)***

On 11/16/22 during the inspection Resident Services Director notified pharmacy of data entry error for immediate correction to match correct physician order in chart. On 11/17/22 Resident Services Director re educated all Medication Technicians on regulation 2600.187(a) and associated policy and procedure. On 11/25/22 Resident Services Director completed whole house med cart audit to assess compliance. Beginning 12/01/22 Resident Services Director, Administrator and/or designee will conduct monthly cart audits x 3 months to monitor compliance. Pharmacy to conduct quarterly compliance audits beginning March 2023. Documentation shall be kept. Results to be reviewed at QA/QI by the Administrator monthly beginning 12/02/22.

Licensee's Proposed Overall Completion Date: *02/23/2023*

Implemented [redacted] - 02/01/2023)

187d - Follow Prescriber's Orders

8. Requirements

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

Description of Violation

On [redacted] records indicated that resident #5 was prescribed [redacted] apply bilaterally to legs daily on [redacted] to [redacted] shift. However, on [redacted] at [redacted] the home failed to apply [redacted] to the resident's legs.
On [redacted] records indicated that resident #1 was prescribed [redacted]

187d - Follow Prescriber's Orders (continued)

(supplement),
However, the medication bottle that staff had been administering from was labeled – [redacted] – take one tablet by mouth every day [redacted]). This bottle was opened on 11/9/22, and according to staff interviews and the resident's November 2022 medication administration record, this was the medication that has been being administered to the resident from [redacted].
Repeat Violation: 10/20/21

Plan of Correction ***Accept [redacted] - 12/15/2022)***

On [redacted] during the inspection Resident Services Director obtained clarification order to apply [redacted] at [redacted] and remove at [redacted] as immediate corrective action. On 11/15/22, 11/16/22 and 11/17/22 all direct care staff re-educated by Administrator and Resident Services Director. Beginning 11/21/22 Resident Services Director and/or designee will audit weekly x 3 months compliance with application of resident #5's TED Hose. Documentation shall be kept. Results to be reviewed at QA/QI by the Administrator monthly beginning 12/02/22.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] - 02/01/2023)

225c - Additional Assessment

9. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On 11/15/22 records indicated that resident #6's annual assessment and support plan, dated [redacted], indicated that the resident is independent with personal hygiene and ambulation. However, the home's comprehensive nursing assessment document, dated [redacted], indicated the resident requires assistance with bathing.

Plan of Correction ***Accept [redacted] - 12/15/2022)***

On 11/16/22 during the inspection Resident Services Director immediately corrected resident #6's support plan. By 12/15/22 Resident Services Director will audit all in-house resident comprehensive nursing assessments and support plans to assess compliance. Beginning January 2023 Resident Services Director and Administrator will randomly audit 5 resident comprehensive nursing assessments and support plans monthly to maintain compliance. Documentation will be maintained. Results to be reviewed at QA/QI by the Administrator monthly beginning January 18, 2023.

Licensee's Proposed Overall Completion Date: *02/15/2023*

Implemented [redacted] - 02/01/2023)