

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

December 22, 2022

[REDACTED], DIRECTOR  
EMERALD CARE MANAGEMENT LLC  
[REDACTED]

RE: MAGNOLIA MANOR  
6 REES DRIVE  
WILLOW STREET, PA, 17584  
LICENSE/COC#: 33789

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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 MANOR License #: 33789 License Expiration: 04/01/2023  
 Address: 6 REES DRIVE, WILLOW STREET, PA 17584  
 County: LANCASTER Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: EMERALD CARE MANAGEMENT LLC  
 Address: [REDACTED]  
 Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 12/06/2013 Issued By: West Lampeter Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 11/16/2022

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 16 Residents Served: 8

**Secured Dementia Care Unit**  
 In Home: No Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: 0

**Number of Residents Who:**  
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 8  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

11/16/2022 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/01/2022

12/05/2022 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/20/2022  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/09/2022

Inspections / Reviews (*continued*)

## 12/14/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/20/2022

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/20/2022

## 12/22/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/20/2022

Reviewer: [REDACTED] Follow Up Type: Not Required

66a - Staff Training Plan

1. Requirements

2600.  
66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2022.

Plan of Correction

Accept (█ - 12/12/2022)

On the day of the inspection, 11/16/22, the administrator immediately updated the staff training plan with the current year's date April 2022 - March 2023, and submitted it to the inspector, for approval. All staff were hired in 2022 and have currently received all required annual training. as of 11/16/22, the administrator will ensure the training plan dates are updated and will continue to update the plan as needed to ensure all staff has the required annual training. Please see attached training documentation.

Licensee's Proposed Overall Completion Date: 12/09/2022

Implemented (█ - 12/22/2022)

107c - Food/Water 3 Day Supply

2. Requirements

2600.  
107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home does not have an emergency water supply on site. The home has a letter dated 10/11/2013 from Kareta Foods, Inc. guaranteeing water will be delivered within 24 hours of request. However, the home does not currently have a 24-hour supply of water to carry over residents until water can be delivered by company.

Plan of Correction

Directed (█ - 12/12/2022)

The administrator delivered a 24-hour supply of water on-site in less than one hour on the inspection date 11/16/22 once they were notified about it. Inspector was able to review and approve the supply of water delivered on the same day 11/16/22. The administrator shall continue to ensure the home has a 24-hour supply of water reserve going forward. The delivered water will not be used. It will be stored for emergency use only. If an emergency occurs, the administrator will audit the water supply right away and replenish any reserve used. The administrator will audit water supply monthly.

[Directed]

- Administrator delivered 24-hour supply of water on-site during inspection on 11/16/22.
- Starting on 12/1/22, Administrator will audit emergency water supply monthly to ensure there is an adequate supply.
- Starting on 12/1/22, if there is an emergency where the 24-hour supply is used the administrator will replenish the supply within a week.
- The administrator will obtain a new letter from the water supply company by 12/23/22, stating the home still has an active account and will be supplied water for residents in the case of an emergency.

Directed Completion Date: 12/09/2022

Implemented (█ - 12/22/2022)

## 126a - Furnace Inspection

**3. Requirements**

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

**Description of Violation**

*No documentation was provided as to when the last furnace inspection took place. The home's maintenance staff completed quarterly furnace cleanings and filter changes on 4/28/22 and 8/28/22.*

**Plan of Correction****Directed (█ - 12/12/2022)**

*The home's maintenance/property manager is in charge of scheduling and cleaning the furnace and will continue to do so as evidenced by the schedule provided showing cleaning since April 2022. The home's maintenance/property manager completed cleaning and changing the filters on a quarterly basis which includes inspecting the unit while the cleaning is being completed to ensure it is working correctly. The home does not have a record of furnace maintenance prior to licensing in April 2022 as the home was under different ownership and records were not transferred. To correct the lapse in the cleaning record that occurred between Jan 2022 - April 2022, the home will engage the services of an outside vendor (advised by the DOH inspector) to also come in and complete an inspection, cleaning, and changing of the filter to in addition to the current maintenance schedule by 12/30/2022. The outside cleaner will be scheduled by the administrator. Going forward the in-house maintenance/property manager will continue with their quarterly inspections and cleaning of the furnace to ensure that furnace is in good working condition. The maintenance manager will schedule annual furnace cleaning with high-efficiency solutions and records will be kept for future reviews.*

*The home's maintenance/property manager completed cleaning and changing the filters on a quarterly basis which includes inspecting the unit while the cleaning is being completed to ensure it is working correctly. The home does not have a record of furnace maintenance prior to licensing in April 2022. To correct the lapse, the home will engage the services of an outside vendor to also come in and complete the inspection, cleaning, and changing of the filter to complement the current maintenance schedule by 12/30/2022.*

*[Directed]*

- Starting on 12/1/22, the home's maintenance/property manager will continue to clean the outside of the furnace and change the filters on a quarterly basis.*
- The administrator will schedule a professional cleaning and inspection by 12/30/22.*
- Starting 12/30/22, the administrator will keep documentation of all professional cleanings and inspections completed for the furnace on-site.*
- Starting 12/30/22, the administrator will schedule an annual professional cleaning and inspection of furnace by April 1st each year.*

**Directed Completion Date: 12/09/2022**

**Implemented (█ - 12/22/2022)**

## 183f - Discontinued Medications

**4. Requirements**

2600.

183f - Discontinued Medications (continued)

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #1 has an over the counter (OTC) CVS Pharmacy [redacted] tablets which had an expiration date of [redacted].

Plan of Correction

Directed ([redacted] - 12/12/2022)

On 11/16/22, the administrator immediately addressed the violation with resident #1 who self-administers and stores [redacted] medications in [redacted] room. The resident stated that [redacted] had not looked at that medication in a while since [redacted] had not needed it. The medication was discarded on 11/16/22. Resident #1 has opted not to continue self-administering. The home will start managing/administering [redacted] medication on 12/1/2022 to avoid future violations. The home does not have any residents who are self-administering. In the future, if the home has any residents who self administers, the administrator will do monthly checks to make sure the medications are not expired and are stored correctly.

[Directed]

- Administrator removed all undocumented over the counter medications from Resident #1's room on 11/16/22.
- Resident #1 opted to have the home manage his/her medications. The home started managing Resident #1's medications on 12/1/22.
- The home currently has no other residents who self-administer their own medication. However, starting 12/1/22, if the home has any residents who self-administer, the administrator will complete monthly audits to ensure the medications are documented, stored correctly and are not expired.

Directed Completion Date: 12/09/2022

Implemented ([redacted] - 12/22/2022)

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

Resident #2's PRN medications, [redacted] and [redacted], were not available on site on [redacted].

Plan of Correction

Directed ([redacted] - 12/12/2022)

On 11/16/22, the administrator contacted the pharmacy and the PRN medication was delivered the same day. In addition, the administrator checked all the PRN medications, on 11/16/22 for the rest of the residents and all were available. The administrator will ensure all PRN medications are available at home at all times. The administrator will perform monthly routine checks to ensure all residents have their PRN medications.

[Directed]

187d - Follow Prescriber's Orders (continued)

- On 11/16/22, the administrator contacted the pharmacy, and the PRN medication was delivered the same day.
- On 11/16/22, the administrator completed a medication audit for all residents to ensure all medications were available on-site.
- Starting 12/1/22, the administrator will perform monthly audits to ensure all residents' medications are available on-site.

Directed Completion Date: 12/09/2022

Implemented (█) - 12/22/2022)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #3 had a significant decline between █ to █. Administrator and staff report resident would hit staff, had to be showered daily to increased incontinence issues, was combative towards other residents in the home. The Administrator stated that the resident and the resident's family was given a 30-day notice on █ due to resident's increased needs and needing to go to a higher level of care. However, resident's current Resident Assessment Support Plan (RASP) dated █ reflects resident having no toileting issues and no behavioral/cognitive issues.

Plan of Correction

Directed (█) - 12/12/2022)

As of 11/16/2022, the administrator will ensure the resident has additional assessment when/if the condition of a resident significantly changes. The administrator audited all other residents' assessments to make sure it meets their current needs. As of 11/16/22, the administrator will continue to audit all assessments every quarter for the next year.

[Directed]

- On 11/16/22, the administrator completed an audit of all residents' assessments to ensure all residents' needs are documented.
- Starting on 11/16/22, direct care staff will document any change in a resident's needs or behavior and notify administrator within 24 hours. The administrator will review documentation and complete a new assessment or addendum to current assessment for resident if needed within 72 hours.
- Starting 11/16/22, the administrator will audit all support plans quarterly.

Directed Completion Date: 12/09/2022

Implemented (█) - 12/22/2022)

227d - Support Plan Medical/Dental

7. Requirements

2600.

227d Support Plan Medical/Dental (*continued*)

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 #2's current support plan dated [REDACTED] doesn't include his/her diagnosis of [REDACTED] or that he/she receives psychiatry services for [REDACTED] diagnosis. Medical evaluations dated [REDACTED] and [REDACTED] include this diagnosis.

**Plan of Correction**

**Directed** ([REDACTED] - 12/12/2022)

The administrator updates Resident #2's support plan on the day of inspection, [REDACTED] right away for review and approval of correction. The administrator will ensure the resident's support plan includes all details of medical evaluations on an annual basis when the new DME is completed and update with any changes going forward when there are any changes with residents. Start date 11/16/2022

[Directed]

The administrator updated resident #2's support plan on [REDACTED] during the day of the inspection.

Starting on 11/16/22, the administrator will review a newly completed medical evaluation within 24 hours. The administrator will update any new information from the medical evaluation to the resident's support plan within 72 hours of receiving the medical evaluation.

Starting on 11/16/22, the administrator will audit residents' medical evaluations and support plans quarterly to ensure the information on both has the same information.

**Directed Completion Date:** 12/09/2022

**Implemented** ([REDACTED] - 12/22/2022)

## 228b - Discharge or Transfer

**8. Requirements**

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

**Description of Violation**

Resident #3 received a 30 day notice on [REDACTED]. However, the discharge notice did not provide a reason resident was being discharged from the home.

**Plan of Correction**

**Accept** ([REDACTED] - 12/12/2022)

on 11/20/22 the administrator was re educated by director of nursing on making sure that a 30 day discharge notice should include reasons for discharge as stipulated by 2600 regulations. addition to communication with family members (POA), the office of aging, etc about a potential discharge and the reason the resident is being discharged, the administrator will ensure that the 30 day discharge notice included the reason(s) for discharge. The inspector on 11/16/22 informed the administrator that despite the family (POA) and office of aging knowing the details of why the notice is being given, the notice should also include the details of the discharge. As of 11/16/22, the

*228b - Discharge or Transfer (continued)*

*administrator will include the detailed reason for discharge on the 30-day notice letter.*

**Licensee's Proposed Overall Completion Date:** 12/09/2022

**Implemented (**  **- 12/22/2022)**