

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

March 23, 2023

[REDACTED]  
MAGNOLIA LEXI, LLC  
[REDACTED]

RE: MAGNOLIA PERSONAL CARE  
CENTER - BUILDING III  
68 LEXI ST  
MIFFLINTOWN, PA, 17059  
LICENSE/COC#: 33871

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/14/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *MAGNOLIA PERSONAL CARE CENTER - BUILDING III* License #: 33871 License Expiration:  
Address: *68 LEXI ST, MIFFLINTOWN, PA 17059*  
County: *JUNIATA* Region: *CENTRAL*

**Administrator**

Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *MAGNOLIA LEXI, LLC*  
Address: *5012 BRIDGE CREEK DR, PLANO, TX, 75093*  
Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *01/29/1988* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *6* Waking Staff: *5*

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:  
Reason: *Change Legal Entity* Exit Conference Date: *03/14/2023*

**Inspection Dates and Department Representative**

03/14/2023 - On-Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity:		Residents Served:	<i>6</i>
<b>Secured Dementia Care Unit</b>			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents:	<i>0</i>		
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income:	<i>4</i>	Are 60 Years of Age or Older:	<i>4</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>0</i>	Have Physical Disability:	<i>0</i>

**Inspections / Reviews**

03/14/2023 - Partial  
Lead Inspector: [Redacted] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**