

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

October 6, 2023

[REDACTED], MBR
MAGNOLIA LEXI, LLC
[REDACTED]

RE: MAGNOLIA PERSONAL CARE
CENTER-BUILDING II
68 LEXI STREET
MIFFLINTOWN, PA, 17059
LICENSE/COC#: 33873

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/14/2023, 06/15/2023, 06/16/2023 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 PERSONAL CARE CENTER-BUILDING II* License #: *33873* License Expiration: *03/22/2024*
 Address: *68 LEXI STREET, MIFFLINTOWN, PA 17059*
 County: *JUNIATA* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *MAGNOLIA LEXI, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *01/29/1988* Issued By: *Labor & Industry*
 Type: *C 2 LP* Date: *06/17/1991* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal, Complaint* Exit Conference Date: *06/16/2023*

Inspection Dates and Department Representative

06/14/2023 On Site: [REDACTED]
 06/15/2023 On Site: [REDACTED]
 06/16/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *31* Residents Served: *31*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *24*
 Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *4*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/14/2023 - Full
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *07/16/2023*

08/01/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/08/2023

08/14/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 08/21/2023

10/05/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Section II.A. of the resident-home contract, dated [REDACTED], for Resident #1 includes a statement that payment will be made by a payor who is different than the resident. However, the contract was not signed by the payor.

The resident home contract dated [REDACTED] for Resident #2 was never signed by the resident. Nor is there an indication that an attempt was made for signature and/or the resident is/was unwilling or unable to sign.

Plan of Correction

Accept ([REDACTED] - 08/14/2023)

On [REDACTED], Resident #1 signed a new contract that indicates Resident #1 is responsible for payment. On [REDACTED], Resident #2 signed a new contract, payer/designee will sign also by [REDACTED]. On [REDACTED], Administrator/designee revised new contracts for all current and new residents. Administrator/designee will be responsible for having all contracts signed by the resident, designee/payer, if applicable, by [REDACTED]. Starting [REDACTED] Administrator/designee will create and institute a procedure whereas all contracts are witnessed and initialed by Administrator/designee and Property Manager to assure this violation does not recur. (Contract attached.)

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented ([REDACTED] - 08/21/2023)

26a - Quality Management Plan

2. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has a policy that the Quality Management Plan shall be reviewed annually. The last quality management plan review was held on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 08/14/2023)

On [REDACTED], Administrator/designee created an electronic reminder for two months prior to the due date, [REDACTED] to ensure that the Quality Management Plan review will occur at least annually. The Quality Management Plan was last reviewed 06/15/2023 by Administrator/designee and Property Manager. (Quality Management Plan and reminder are attached.)

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented ([REDACTED] - 10/05/2023)

51 - Criminal Background Check

3. Requirements

2600.

51 Criminal Background Check (continued)

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A maintains a permanent residence outside of Pennsylvania, and requires a report of federal criminal history record information from the Federal Bureau of Investigation (FBI Check) as per the Older Adult Protective Services Act (OAPSA). There is no record of an FBI check being performed nor requested for Staff Member A in their file.

Plan of Correction

Accept [redacted] - 08/14/2023)

On [redacted] Staff member A completed the FBI clearance check. Results of the FBI clearance check were placed in Staff member A's file on [redacted]. On [redacted], Administrator/designee educated hiring staff of hiring documentation requirements for all employees as it pertains to Regulation 51. By [redacted] Administrator/designee and the Property Manager will review all existing and new staff files to ensure all staff files have all required documentation and that if they have not lived in PA for two years, that they must have an FBI clearance check. Starting [redacted] Administrator will create and implement a hiring policy whereby all employees will be required to either state that they have lived in PA for two years or perform the required FBI clearance check as per the Older Adult Protective Services Act. (Proof of FBI check attached.)

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented [redacted] - 09/15/2023)

56 - Admin 20 Hours/Week

4. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

During calendar months of [redacted] 2023 the Administrator, Staff Member C, was not present in the home for an average of 20 hours or more per week.

Plan of Correction

Accept [redacted] - 08/14/2023)

Starting [redacted], Property Manager will keep a detailed record to verify Administrator hours spent on the property. Administrator will hold two weekly Zoom meetings with Administrator/designee and Property Manager to ensure good communication when not on property. Additionally, Administrator/designee will be on premise at least 40 hours per week. Administrator, Administrator designee, and Property Manager communicate daily.

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented [redacted] - 10/05/2023)

85e - Trash Outside Home

5. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e - Trash Outside Home (continued)

Description of Violation

06/14/23, the regular trash dumpster is full and the corner lid is sticking up due to debris and full trash bags atop the debris. In addition, the cardboard recycling container has no lid at all, and on 6/15/23, it is overflowing and includes at least seven cardboard pizza boxes which have grease and various food debris.

Plan of Correction

Accept () - 08/14/2023

On 6/15/2023, Property Manager ordered a lidded cardboard dumpster. Starting 6/15/23, the service to empty trash dumpsters has been increased to twice weekly to prevent overflow. On 6/23/23, Administrator/designee performed a staff in-service regarding dumpster utilization and breakdown of boxes. On 7/15/23, trash company delivered an additional lidded cardboard dumpster. Starting 7/15/23, Administrator/Maintenance will perform daily walk-throughs of property to ensure that all receptacles are covered. By 8/8/2023, Administrator/designee will create and maintain an audit sheet to document and verify that these walk-throughs are being performed and the results are recorded. (Sign-in sheet and audit sheet attached.)

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented () - 10/05/2023

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The metal medicine cabinet in the bathroom inside the apartment of Resident # 1's room is in poor repair as evidenced by a covering of rust, dirt and white powder on the interior.

Plan of Correction

Accept () - 08/14/2023

On 6/17/2023, Maintenance cleaned and repainted the metal medicine cabinet in the bathroom inside Resident #1's room.

On 6/23/2023, Administrator/designee in-serviced all staff to report on a Maintenance request form any damaged, missing, worn, or in need of repair items. Maintenance to check daily for reported items needing attention. Starting 6/16/23, Administrator/designee will perform weekly walk throughs of all bedrooms, bathrooms, common areas, etc. to ensure facility is clean and in good repair. Any areas of concern will be documented and immediately corrected. (Photo, maintenance request form attached.)

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented () - 08/21/2023

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [redacted]. The Resident's previous medical evaluation was completed on [redacted].

141b1 - Annual Medical Evaluation (*continued*)**Plan of Correction**

Accept (█ - 08/14/2023)

On █ Resident #2 had a new medical evaluation. By █, Administrator/designee will review all resident charts to ensure all residents are current. On 6/23/23 Administration was in-serviced by the company COO. On █, Property Manager developed a spreadsheet to monitor DME dates. The spreadsheet will be reviewed monthly by the Administrator/designee and the Property Manager to ensure compliance. (DMEs, sign-in sheet and spreadsheet attached.)

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented (█ - 08/21/2023)

162c - Menus Posted

8. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

During the walk-through on 6/13/23, the most recent week of menus posted was for the week of 4/2-4/8/2023.

Plan of Correction

Accept (█ - 08/14/2023)

On 6/14/23, Kitchen staff removed all old, outdated menus and posted current menus for the current week and one week in advance. Starting 6/14/23, Kitchen staff will perform daily walk throughs to verify that all required menus are posted for 3 weeks, then weekly for 6 weeks. On 8/7/23, Administrator/designee created an audit sheet to confirm the walk throughs and will record the results and discuss at the next quality management meeting to be held no later than 9/30/23. Direct care, Kitchen staff, & housekeeping were in-serviced on 6/23/23 regarding Regulation 162c. (Audit sheet and sign-in sheet attached.)

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented (█ - 08/21/2023)

183f - Discontinued Medications

9. Requirements

2600.

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

During interviews with multiple staff people who handle medications, it was determined that the normal course of action for medications that become loose or are refused by a resident after removal from the packaging is that they are flushed down the commode". This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept (█ - 08/14/2023)

On 6/23/23, Administrator/designee in-serviced all staff, in-person, concerning medication disposal procedures and Regulation 183f. All loose, discarded, or refused meds will be disposed of in accordance with state regulations.

183f - Discontinued Medications (continued)

Medication carts to be checked daily by med staff for loose medication. To prevent this violation in the future the Administrator/designee will include an explanation of 2600.183.f to new employee training packets and will be subject matter in future staff meetings. (Sign-in sheet attached.)

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented () - 08/21/2023)

185a - Implement Storage Procedures

10. 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], the glucometer for Resident # 2 showed a time of [redacted]. On [redacted], the glucometer for Resident # 3 showed a time of [redacted]. All glucometers must be calibrated to the correct date and time.

Plan of Correction

Accept () - 08/14/2023)

Administrator/designee calibrated all glucometers to the correct date and time on 6/21/23. Administrator/designee in-serviced all med staff on 6/23/23 on Regulation 185a and the importance of accurate and timely glucometer readings. On 6/21/23, Administrator/designee developed and implemented a biweekly audit sheet for all glucometers. Starting 6/21/23, Administrator/designee will conduct the glucometer audits biweekly indefinitely. Starting 8/7/2023, Staff member responsible for the incorrect readings was re-trained by a Certified Diabetic Educator on 7/18/2023. The results of these audits will be kept and discussed at the next quality management meeting to be held no later than 9/30/23. (Audit sheet, sign-in sheets and Diabetic educator document attached.)

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented () - 08/21/2023)

11. 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 [redacted], two puffs every four hours as needed. On [redacted], this medication was not available in the home.

Plan of Correction

Accept () - 08/14/2023)

On [redacted] Resident #1 received the missing medication from the Pharmacy. On [redacted], Administrator/designee gave current Pharmacy a 30-day notice, and Administrator/designee is working with a new Pharmacy that will get the ordered medication to the facility more efficiently. On [redacted] all staff were in-serviced to perform weekly cart audits to ensure all meds are ordered and available. Med staff were in-serviced to follow all orders as indicated on MAR and immediately report any medication not available to Administrator/designee. (Sign-in sheets attached.)

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented () - 08/21/2023)

185a - Implement Storage Procedures (continued)

187a - Medication Record

12. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed [redacted] spray into each nostril in the morning. However, the Resident's medication administration record does not indicate a diagnosis or the purpose of the medication.

Resident #2 is prescribed [redacted], one tablet in the morning and evening and [redacted] in each eye before bed. However, the Resident's medication administration record does not indicate a diagnosis or the purpose of these medications.

Plan of Correction

Accept ([redacted] - 08/14/2023)

On [redacted] Administrator/designee and Physician corrected Resident #1 and #2 MARs to include diagnosis. On 6/23/2023, all staff were in-serviced on the importance of diagnosis and documentation on the MARs. Med staff are to review MARs daily. Starting 8/7/2023, Administrator/designee will perform random MAR audits of select residents twice a week for four weeks, and weekly for an additional eight weeks to ensure that medications are being administered and documented properly. (Sign-in sheet and audit sheet attached.)

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented [redacted] - 10/05/2023)

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted] plus sliding scale three times per day. The sliding scale is as follows: Less than 250=0U, 250-300=1U+10U (11 total), 301-350=3U+10U (13U total) 351-400=5U+10U (15U total. The [redacted] reading on [redacted] showed [redacted], equating to [redacted] total units total. However, Resident #2 was administered [redacted] total on [redacted]

Plan of Correction

Accept ([redacted] - 08/14/2023)

On [redacted] Administrator/designee updated the RASP for Resident #1 to reflect accurate information regarding [redacted] bladder needs. On [redacted], Administrator/designee in-serviced all staff on Regulation 187d. Administrator/designee is working along with Physician to correct Resident #1 bathroom behavior. Physician will continue to re-evaluate Resident # 1 on a bi-weekly basis until issue is resolved. Resident #1 behavior has improved significantly. On 6/17/2023, Administrator/designee created and implemented a behavior log to record Resident #1 behaviors. (Behavior log and sign-in sheet attached.)

187d Follow Prescriber's Orders (*continued*)

Licensee's Proposed Overall Completion Date: 08/09/2023

Implemented ([REDACTED] - 08/21/2023)