

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

November 9, 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 09/12/2023, 09/13/2023 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: EDWARD SEDACCA **Phone:** 214-557-1074 **Email:**
ED@MAGNOLIACAREHOMES.COM;
TEATON@MAGNOLIACAREHOMES.COM

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 29 **Waking Staff:** 22

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Interim **Exit Conference Date:** 09/13/2023

Inspection Dates and Department Representative

09/12/2023 On Site: [REDACTED]
09/13/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 31 **Residents Served:** 29
Secured Dementia Care Unit
In Home: No **Area:** **Capacity:** **Residents Served:**
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 22 **Are 60 Years of Age or Older:** 26
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

09/12/2023 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 09/29/2023

Inspections / Reviews (*continued*)

10/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/12/2023

10/16/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/23/2023

11/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

85e - Trash Outside Home

1. Requirements

2600.

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

Description of Violation

On 9/13/23 at approximately 10:00 AM, there was a large pile of trash containing cardboard boxes and at least two black garbage bags and one white garbage bag sitting outside of one of the side doors in Building 2. The pile is approximately 3 feet wide by 3 feet high.

Plan of Correction

Accept [redacted] - 10/16/2023)

On 09/21/2023, all staff were in-serviced after discussion and review with the Administrator by the Administrator Designee and the Property Manager on the importance of trash being taken directly to the dumpsters. In-service also included that no trash will ever be left on the side of the buildings. Starting 9/15/23, daily audits and walk-throughs will be performed and recorded on a Daily Audit Sheet indefinitely by the Administrator, Administrator Designee, Property Manager, or Maintenance Staff to ensure this violation does not reoccur. (Record of Training and Daily Audit Sheet attached.)

Proposed Overall Completion Date: 10/05/2023

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [redacted] - 11/08/2023)

183b - Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at approximately [redacted] the medication cart outside the kitchen was left unlocked, unattended, and accessible in building two.

Plan of Correction

Accept [redacted] - 10/16/2023)

On 09/13/2023, Medication Staff locked the medication cart mentioned above.

On 09/18/2023, all medication staff were in-serviced after discussion and review with the Administrator by the Administrator Designee and the Property Manager on the importance of the medication carts being locked when not attended. Starting 9/15/23, daily walk-throughs and audits of each building will be performed by the Administrator, Administrator Designee, or Property Manager indefinitely to ensure this violation does not reoccur. The Administrator, Administrator Designee/Property Manager will record the walk-throughs on the Daily Audit Sheet indefinitely to verify compliance. (Record of Training and Daily Audit sheet attached.)

Proposed Overall Completion Date: 10/05/2023

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [redacted] - 11/08/2023)

254a - Records Discharge/Active

3. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 9/13/23 at approximately 10:30 AM, the medication cart outside the kitchen was unlocked, unattended, and accessible in building two. The bottom drawer of the medication cart contained manilla folders with various medical records including but not limited to multiple RASPS for current residents of the home.

Plan of Correction

Accept (█ - 10/16/2023)

On 09/13/2023, Medication Staff locked the medication cart mentioned above.

On 09/18/2023, all medication staff were in-serviced after discussion and review with the Administrator, by the Administrator Designee and Property Manager on the importance of all resident files being kept in a locked area at all times. Starting 9/15/23, the Administrator, Administrator Designee/Property Manager will perform daily audits and walk-throughs and record on the Daily Audit Sheet indefinitely to verify compliance. (Record of Training and Daily Audit Sheet attached.)

Proposed Overall Completion Date: 10/05/2023

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented (█ - 11/08/2023)