

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

May 17, 2024

[REDACTED], DIRECTOR  
EMERALD CARE MANAGEMENT LLC  
6 REES DRIVE  
WILLOW STREET, PA, 17584

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 04/29/2024 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: 04/01/2025  
 Address: 6 REES DRIVE, WILLOW STREET, PA 17584  
 County: LANCASTER Region: CENTRAL

**Administrator**

Name: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: EMERALD CARE MANAGEMENT LLC  
 Address: 6 REES DRIVE, WILLOW STREET, PA, 17584  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP	Date: 05/15/1986	Issued By: L & I
Type: I-1	Date: 12/06/2013	Issued By: W. Lampeter Township
Type: R-3	Date: 11/14/2013	Issued By: W. Lampeter Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 10 Waking Staff: 8

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #: 0  
 Reason: Renewal, Complaint Exit Conference Date: 04/29/2024

**Inspection Dates and Department Representative**

04/29/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: 16	Residents Served: 10
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Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1	Are 60 Years of Age or Older: 10
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0	Have Physical Disability: 1

**Inspections / Reviews**

04/29/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/16/2024

Inspections / Reviews *(continued)*

05/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/17/2024

05/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [REDACTED], 10 residents were present in the home. During this time, there was no staff person present in the home who was certified in CPR and first aid.

Plan of Correction

Accept ( [REDACTED] - 05/10/2024)

- On 4/29/2024, CPR, AED & First Aid training was provided to a staff member who had missed the First Aid portion of the training/certification. Please find the certificate attached for your reference.
- On 4/29/2024, the Administrator audited all staff files to ensure all staff members had their current CPR & First Aid certificates on file. It was found that all other staff members had their current CPR & First Aid certificates on file. All staff members were educated on training requirements and were asked to ensure that any training taken for CPR recertification included First Aid training.
- The Administrator will review the caregiver schedule to ensure that each shift has a staff member scheduled who is trained and certified in CPR & First Aid. Additionally, an annual audit of all staff files will be conducted to ensure compliance with CPR & First Aid certification requirements, and the Administrator will sign off on all submitted certificates to ensure that first aid training is included on the certificate provided by staff.

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented ( [REDACTED] - 05/16/2024)

185a - Implement Storage Procedures

2. 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 4/29/24, the following discrepancies between Resident 1's glucometer and the medication administration record (MAR) were observed:

- On [REDACTED] blood sugar reading in the glucometer was incorrectly transcribed as [REDACTED] in the MAR.
- On [REDACTED] blood sugar reading in the glucometer was incorrectly transcribed as [REDACTED] in the MAR.
- On [REDACTED] blood sugar reading in the glucometer was incorrectly transcribed as [REDACTED] in the MAR.
- On [REDACTED] blood sugar reading in the glucometer was incorrectly transcribed as [REDACTED] in the MAR.

Plan of Correction

Accept ( [REDACTED] - 05/10/2024)

- On 4/30/2024, the administrator provided training and education to all staff members regarding the significance of accountability and documentation of glucometer readings. This is particularly crucial for residents who self-administer their glucose check and report their readings to the staff for documentation purposes. All staff have been trained to visually verify the readings on the glucometer before transcribing

185a - Implement Storage Procedures (continued)

what is verbally reported by the resident.

- To ensure accuracy, the administrator will be conducting weekly audits over the next four weeks. The audits will involve reviewing the historical data of the glucometer to ensure that the documentation matches the glucometer readings. After each audit, a report will be generated and reviewed with staff. Additionally, any necessary continued education will be provided based on the findings of the audit.

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented (█) - 05/16/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed (█) daily. However, this medication was not administered to Resident 1 on (█) because the medication was not available in the home.

Repeated Violation - 11/16/22

Plan of Correction

Accept (█) - 05/10/2024)

- On 4/29/2024, the administrator contacted the pharmacy to report the missing medication. The pharmacy confirmed that they had an active physician order on file but their packaging machine had an error. The pharmacist resolved this by sending the medication that arrived the same day.
- On 4/29/2024, the administrator conducted an audit of the medication cart/cabinet to ensure that all medications were available in the home as per physician orders for all residents.
- On 4/29/2024 and 4/30/2024, the administrator educated all Med Techs on the home's procedures for ordering medication before it becomes unavailable or if the medication is missing from the daily medication pack. The Med Techs were also instructed on the proper documentation for missing medication and the procedure for contacting the physician's office for further guidance on missed medications. This will ensure residents are receiving medication per their physician's orders and documentation will appropriately reflect if medication was given or omitted.
- Henceforth, effective 4/29/2024, the administrator implemented an ongoing weekly audit that will be completed by the administrator or administrator's designee for all medication delivered from the pharmacy for the upcoming week. This will ensure that the packets are accurate as per physician orders. The pharmacy will be immediately notified of any missing medication/packet errors to ensure the error is corrected and medication is delivered as soon as possible, before the start of the new week.

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

Licensee's Proposed Overall Completion Date: 05/10/2024

Implemented (█) - 05/16/2024)

## 191 - Resident Right to Refuse

## 4. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

## Description of Violation

Resident 1, admitted on █, Resident 2, admitted on █ and Resident 3, admitted on █, have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

## Plan of Correction

Accept (█) - 05/10/2024)

- On 4/29/2024, the administrator provided education to Residents 1, 2, and 3 to inform them about their right to refuse medication if they suspect a medication error. After the residents received the education, they signed an acknowledgment addendum to confirm their understanding and the education provided to them.
- On 4/29/2024, the administrator conducted an audit to ensure that all other resident charts included a sign-off or acknowledgment of being educated on the right to refuse medication.
- To ensure that we have proper documentation of residents being informed of their rights to refuse medication, an addendum acknowledging resident education of their right to refuse medication is now included with the intake documents. The acknowledgment form will be filed in the resident's chart and will be available for inspection.

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented (█) - 05/17/2024)

## 227d - Support Plan Medical/Dental

## 5. Requirements

2600.

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 1 has an █. However, the resident's current assessment/support plan (RASP), dated 11/1/23, does not indicate this need nor how it will be met.

Repeated Violation - 11/16/22

## Plan of Correction

Accept (█) - 05/10/2024)

- On April 29th, 2024, the administrator took immediate action and updated the current assessment and

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

*support plan to reflect that the resident has an amputated limb. Currently, the resident does not use any assistive devices or require any.*

- The administrator or the designee will audit all care plan and assessment documents within 5 days of completion. The audit aims to ensure the accuracy of the documentation, ensure that all significant changes are noted and that any relevant information not captured in the care plan or assessment is added to the summary section of the care plan.*

**Licensee's Proposed Overall Completion Date:** 05/10/2024

**Implemented (** ████ **- 05/16/2024)**