

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

July 30, 2024

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

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2024, 06/04/2024 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 PERSONAL CARE CENTER-BUILDING III* License #: *33871* License Expiration: *03/22/2025*  
 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: *L&I*  
 Type: *C-2 LP* Date: *06/17/1991* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *06/04/2024*

**Inspection Dates and Department Representative**

06/03/2024 - On-Site: [REDACTED]  
 06/04/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *7* Residents Served: *6*

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

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *6*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

06/03/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/05/2024*

Inspections / Reviews *(continued)*

07/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/12/2024

07/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/02/2024

07/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 06/03/2024, there was an unlabeled bar of soap on the sink counter located in the 3-person unit bathroom.

Repeated Violation - 06/14/2023, et al

Plan of Correction

Accept (█) - 07/08/2024)

On 6/3/24, immediate action was taken by the Property Manager to dispose of the unlabeled soap in the Apartment 3 bathroom. On 6/3/24, the Property Manager reminded the residents that we always have liquid soap available. Starting 6/24/24, the Administrator/designee will perform daily walk-throughs to verify compliance. On 7/11/24, the Administrator/designee will in-service staff on the removal of all unlabeled bar soap when/if seen to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented (█) - 07/22/2024)

103e - Left Overs

2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 06/03/2024 at 3:25PM, there was an unlabeled and undated large portion of what appeared to be some type of lunch meat product wrapped in cling wrap located in the refrigerator.

Repeated Violation - 06/14/2023, et al

Plan of Correction

Accept (█) - 07/08/2024)

On 6/3/24, immediate action was taken by the Property Manager to ask the resident about the unlabeled food and remind (█) that all food needs labeled and dated. After talking with the resident about the food in question, the Property Manager disposed of the unlabeled food. Starting 6/24/24, Housekeeping will perform daily refrigerator audits in all 3 apartments to ensure all leftover food is labeled and dated. The Administrator/designee will in-service housekeeping on 7/11/24 to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented (█) - 07/22/2024)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b - Safety Inspection/Fire Drill (continued)

Description of Violation

There has not been a fire safety inspection and supervised drill in the past year.

Plan of Correction

Accept ( [redacted] - 07/10/2024)

On 6/13/24, the Property Manager took immediate action to contact the Fire Chief to obtain [redacted] signature that was missed when [redacted] did our yearly fire inspection on 12/21/2023. On 6/24/24, the Fire Chief supervised fire drills for Buildings 1, 2 & 3 and signed the fire drills for 2023 that [redacted] missed. The Property Manager recorded the supervised fire drill on the Department's supervised fire drill form. Starting 6/24/24, the Administrator/designee will schedule yearly supervised fire drills, to be completed by December 31st of each year, to ensure this violation is not repeated. On 7/8/24, the Administrator was in-serviced by the Administrator of Buildings 1 & 2 on regulation 2600.132b. (Forms attached.)

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented ( [redacted] - 07/22/2024)

162c - Menus Posted

4. 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

On 06/03/2024, the home's menu for the current week of 06/02/2024-06/08/2024 was posted. However, the following week's menu, 06/09/2024-06/15/2024, was not posted.

Repeated Violation - 06/14/2023, et al

Plan of Correction

Accept ( [redacted] - 07/08/2024)

On 6/3/24, immediate action was taken by the Kitchen Staff to post the menu for the week of 6/9-6/15. Starting 6/24/24, the Administration will post menus for 4 weeks in advance. Starting 6/24/24, the Administration will perform daily walk-throughs to verify all required menus are posted for 2 weeks, then weekly walk-throughs after that. The Administrator/designee will in-service all staff on 7/11/24 on the importance of proper menu postings to ensure this violation is not repeated. (Attachment.)

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented ( [redacted] - 07/22/2024)

183b - Meds and Syringes Locked

5. 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 06/03/2024 at 3:31PM, the following medications were found unlocked, unattended and accessible in Resident 2 and Resident 3's shared bedroom:

Resident 2 had medicated [redacted] nightstand.

183b - Meds and Syringes Locked (continued)

Resident 3 had medicated [REDACTED] dresser.

Repeated Violation - 06/14/2023, et al

Plan of Correction

Accept ( [REDACTED] ) - 07/08/2024)

On 6/3/24, the Property Manager immediately removed the OTC medications from Resident 2 & 3's shared room and reminded residents that all medications need to be locked at all times. On 6/24/24, the Property Manager sent a letter to all resident's families reminding them that the residents are not permitted to have unlocked medications in their rooms. Starting 6/24/24, the Administrator/designee will perform daily walk-throughs to ensure there are no unlocked medications in the home to ensure resident safety. On 7/11/24, the Administrator/designee will in-service all staff on unlocked medications. (Attachment.)

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented ( [REDACTED] ) - 07/22/2024)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident 1 is prescribed [REDACTED] On 06/04/2024, this medication was expired as of 06/02/2024.

Plan of Correction

Accept ( [REDACTED] ) - 07/08/2024)

On 06/04/24, immediate action was taken by the Administrator Designee to dispose of the expired medication. Immediately following, the Administrator Designee acquired physician orders to discontinue the medication as the resident no longer needed/wanted it. Starting 6/24/24 the Administrator/designee will perform and document weekly med cart audits for 8 weeks and then monthly indefinitely after that to ensure there are no outdated medications. On 7/11/24, the Administrator/designee will in-service medication staff on the importance of making sure all prescriptions are current to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented ( [REDACTED] ) - 07/30/2024)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 1 is prescribed [REDACTED]. On 06/04/2024, [REDACTED] was popped from the blister pack and then placed back into the blister pack with a piece of tape stuck to the backing.

Plan of Correction

Accept ( [REDACTED] ) - 07/08/2024)

On 6/4/24, immediate action was taken by the Administrator Designee to dispose of the taped-in medication. Starting 6/24/24, the Administrator/designee will perform and document a med cart audit weekly for 8 weeks and

183e - Storing Medications (continued)

then monthly indefinitely after that to verify compliance. On 7/11/24, the Administrator/designee will in-service all med staff on proper medication storage to ensure medications are all stored properly.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented ( [redacted] - 07/22/2024)

185a - Implement Storage Procedures

8. 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 4 has the following [redacted] discrepancies the resident's Medication Administration (MAR) and [redacted]

On 05/02/2024 [redacted]. However, the reading in the MAR states [redacted]

On 05/08/2024 [redacted]. However, this reading was not documented in the MAR.

On 05/16/2024 [redacted]. However, this reading was not [redacted]

On 05/15/2024 [redacted]. However, this reading was not documented in the MAR.

On 05/14/2024 [redacted]. However, this reading was not documented in the MAR,

Repeated Violation - 06/14/2023, et al

Plan of Correction

Accept ( [redacted] - 07/08/2024)

Immediate action was taken by the Administration to calibrate [redacted] and check [redacted] documentation. Starting 6/24/24, the Administrator/designee will conduct [redacted] audits of 100% of [redacted] weekly for 8 weeks, and after that, audits of 25% of [redacted] monthly indefinitely to ensure proper [redacted] documentation. The Administrator/designee will in-service staff on 7/11/24 on correct [redacted] calibration and documentation. (Attachment.)

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented ( [redacted] - 07/30/2024)

190b - Insulin Injections

9. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff persons A, B and C, all of whom routinely assist with [redacted] and [redacted], have

190b - Insulin Injections (continued)

not completed the Department approved diabetes patient education program provided by a certified diabetic educator within the past 12 months.

Plan of Correction

Accept (█ - 07/10/2024)

On 6/4/24, the Administrator Designee and Property Manager immediately searched for a department-approved █ Educator. On 7/8/24, the Administrator removed Staff persons B, C, and D from providing █ r testing and █ administration until they can receive the required training by a Certified █ Educator. Staff persons B, C, and D will receive proper training from a █ on 7/11/24 (proof attached). The Administrator/designee will use this approved █ for all future staff training to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented (█ - 07/30/2024)

221c - Post Activity Calendar

10. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 06/03/2024, the home did not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar posted was dated May 2024.

Plan of Correction

Accept (█ - 07/10/2024)

On 6/3/2024, immediate action was taken by the Property Manager to remove all outdated activity calendars and post the current monthly activity calendars. Starting 6/3/24, when the 1st of the month falls on a weekend, the Property Manager will post both monthly calendars the Friday before to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented (█ - 07/30/2024)

227e - Self Administer Medication

11. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident 1 is able to self-administer █ medical evaluation, dated █. The resident does █ medication at the prescribed date and time. However, the resident's most recent assessment, dated 03/07/2024, states "DCS to administer all medications and resident cannot self admin any medications".

Plan of Correction

Accept (█ - 07/10/2024)

On 6/5/24, the Administrator immediately updated Resident 1's support plan to reflect that █ can administer █ own █ injection. On 6/6/24, the Administrator was in-serviced by the Administrator over Buildings 1 & 2 on regulation 2600.227e. From 6/6/24 to 6/13/24, the Administrator will perform an initial audit of current resident RASPs and DMEs to ensure that self-administer information is the same. Starting 7/8/24, the Administrator will

*227e - Self Administer Medication (continued)*

*review a sample of RASPs and DMEs quarterly to ensure compliance in the future.*

**Licensee's Proposed Overall Completion Date: 07/08/2024**

**Implemented ( [REDACTED] - 07/30/2024)**