

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

July 30, 2024

[REDACTED], ADMINISTRATOR
MAGNOLIA LEXI, LLC
[REDACTED]
[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 06/03/2024, 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 II* License #: 33873 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: 29 Waking Staff: 22

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: 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: 23	Are 60 Years of Age or Older: 27		
Diagnosed with Mental Illness: 7	Diagnosed with Intellectual Disability: 2		
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

56 - Admin 20 Hours/Week

1. 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

Staff Person ■ is the administrator. During the calendar months of February, March, April and May of 2024, the administrator was only present in the facility for 2 days each month.

Repeated Violation - 06/14/2023, et al

Plan of Correction

Accept (■) - 07/10/2024)

As of 6/17/24, Staff person ■ no longer serves as administrator over Buildings 1 & 2. On 6/17/24, a new administrator who will be present at least 20 hours per week was appointed over Buildings 1 & 2. Starting 6/17/24, all Administrator hours will be recorded on the monthly schedule. On 7/8/24, the new Administrator was in-serviced by the Administrator of Building 3 on proper Administrator staffing to ensure compliance. (Attachments.)

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

Implemented (■) - 07/30/2024)

88a - Surfaces

2. 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

On 06/03/2024 at 9:20AM, the carpet in the dining room and living area was dirty in appearance, frayed and had wear marks. In addition, the dining room and living area had a strong pungent odor.

Plan of Correction

Accept (■) - 07/10/2024)

On 6/6/24, Housekeeping Staff shampooed all carpets in the dining and living room areas. On 6/24/24, the Property Manager signed a contract with an air-diffusing supplier for an air-diffusing system to control odors. Starting 6/24/24, the Administrator/designee will perform daily walk-throughs to ensure all flooring is clean and free from odors. Starting 6/6/24, Housekeeping will shampoo carpeting monthly. On 7/11/24, the Administration will in-service all Staff on regulation 2600.88a. (Attachment.)

Proposed Overall Completion Date: 06/26/2024

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 (█ - 07/10/2024)

On 6/13/24, the Property Manager took immediate action to contact the Fire Chief to obtain █ signature that was missed when █ 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 █ 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 Building 3 on regulation 2600.132b.(Forms attached.)

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

Implemented (█ - 07/22/2024)

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

On 10/21/2023 at 9:10AM, the evacuation time was 2 minutes and 49 seconds.

On 07/21/2023 at 10:34AM, the evacuation time was 2 minutes and 40 seconds.

Plan of Correction

Accept (█ - 07/10/2024)

On 6/5/24, the Administration reviewed the recordings of the evacuation times with Maintenance. On 6/6/24, Maintenance was in-serviced by Administration on regulation 2600.132d. Starting 6/6/24, the Administration/Maintenance will ensure that during fire drills, all residents are evacuated in 2 min 30 sec or less or the drill will be repeated until we are within the specified time boundaries to ensure all residents can be evacuated safely in an emergency. Starting 6/6/24, the Administrator will review all fire drills within 48 hours to ensure compliance.

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

Implemented (█ - 07/22/2024)

132g - Fire Drills Days/Times

5. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

132g - Fire Drills Days/Times (continued)

Description of Violation

The home is staffed with one staff person during the overnight hours of 11:00PM to 5:30AM. The fire drill records for the overnight fire drills conducted on 12/19/2023 at 4:00AM and 04/22/2024 at 4:50AM indicate that two staff persons participated in the drills. There have been no overnight drills conducted in the past year with only one staff person participating.

Plan of Correction

Accept (█) - 07/10/2024)

As of 6/4/24, the Administrator will ensure all overnight fire drills are completed with only one staff present to ensure residents can safely be evacuated in an emergency. On 6/6/24, the Administrator in-serviced Maintenance on regulation 2600.132.g. On 7/11/24, Maintenance will conduct an overnight fire drill to see if more than one staff is required. If it is found that there are two staff needed to safely evacuate all residents during sleeping hours, then additional staff will be scheduled for overnights.

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

Implemented (█) - 07/22/2024)

162c - Menus Posted

6. 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 current menu for the week of 06/02/2024-06/08/2024 was posted. However, the menu for the following week, 06/09/2024-06/15/2024, was not posted.

Repeated Violation - 06/14/2023, et al

Plan of Correction

Accept (█) - 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 (█) - 07/22/2024)

183b - Meds and Syringes Locked

7. 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 06/04/2024, Resident 1 had Clobetasol 0.05% cream and Desonide 0.05% cream unlocked, unattended and accessible in his/her room

183b - Meds and Syringes Locked (continued)

Repeated Violation - 09/12/2023, et al

Plan of Correction

Accept (█) - 07/08/2024)

On 6/4/24, Staff Member D immediately placed the unattended medications from Resident 1's room in the locked medication cart. The administration will in-service medication staff on 7/11/24 on locked medication. Starting 6/24/24, the Administrator/designee will perform daily walk-throughs to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/26/2024

Implemented (█) - 07/22/2024)

183d - Prescription Current

8. 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

On 06/04/2024, Resident 1 had Desonide 0.05% Cream with an expiration date of 10/2023.

Plan of Correction

Accept (█) - 07/08/2024)

On 6/4/24, Staff Member D immediately disposed of the expired medication for Resident 1. The Administration will in-service medication staff on 7/11/24 on expired medication. Starting 6/24/24, the Administrator designee will perform and document med cart audits weekly for 8 weeks and then monthly after that indefinitely to ensure there are no expired medications in the future. (Attachment.)

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

Implemented (█) - 07/22/2024)

183e - Storing Medications

9. 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

On 06/04/2024, the following loose pills were found in the drawers of the PRN med cart:

A white oval pill labeled "A11".

A pink round pill labeled "A01".

A white round pill with no markings.

A red round pill labeled "262".

On 06/04/2024, the following loose pills were found in the drawers of the AM med cart:

A yellow round pill labeled "L".

A half of a white oval pill labeled "55".

Plan of Correction

Accept (█) - 07/08/2024)

On 6/4/24, the Administrator immediately removed and properly disposed of the loose medication from the cart.

183e - Storing Medications (continued)

Starting 6/24/24, the Administrator/designee will perform and document weekly med cart audits for 8 weeks and then monthly after that indefinitely to ensure compliance. On 7/11/24, the Administrator/designee will provide in-service to all med staff on maintaining the cleanliness of carts and ensuring the prompt and proper disposal of loose medications. (Attachment.)

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

Implemented (█) - 07/22/2024)

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

Resident 1 is prescribed PRN Benzonatate 100MG capsule Tessalon Perle 100 MG capsule, with orders to take 1 capsule by mouth 3 times per day as needed for cough. This medication was not available in the home on 06/04/2024.

Repeated Violation - 06/14/2023, et al

Plan of Correction

Accept (█) - 07/08/2024)

On 6/4/24, the Administrator/designee immediately discussed the medication with Resident 1. Resident 1 stated that they no longer needed the Benzonatate.

The Administrator contacted the prescriber and on 6/4/24 the prescriber discontinued the Benzonatate. The Administrator/designee will in-service medication staff on 7/11/24 to ensure all medication prescribed is available at all times. Starting 6/24/24, the Administrator/designee will perform and document med card audits weekly for 8 weeks and then monthly after that indefinitely to ensure all medication that is prescribed is available. (Attachment.)

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

Implemented (█) - 07/30/2024)

187a - Medication Record

11. Requirements

2600.

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

13. Date and time of medication administration.

Description of Violation

Resident 1 has an order of NovoLOG FLEXPEN with orders to inject 8 units 3 times a day with meals. On 05/18/2024 at 4:00PM, the resident's Medication Administration Record (MAR) shows a blood sugar reading was taken. However, there was no documentation the 8 unites of insulin was administered.

Plan of Correction

Accept (█) - 07/08/2024)

The Administrator/designee immediately scheduled an in-service for medication staff on proper medication/insulin administration and documentation. (In-service scheduled for 7/11.) Starting 6/24/24, the Administrator/designee will perform and document med cart/MARS audits weekly for 8 weeks and then monthly indefinitely after that to

187a - Medication Record (continued)

ensure correct administration and documentation. (Attachment.)

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

Implemented () - 07/22/2024)

190b - Insulin Injections

12. 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 B, C and D, all of whom routinely assist with blood glucose monitoring and insulin administration, have 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 Diabetic Educator. The administration will have Staff persons B, C, and D retrained by a Certified Diabetic Educator on 7/11/24 (proof attached). The Administration will use this approved CDE for all future training to ensure compliance.

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

Implemented () - 07/22/2024)

221c - Post Activity Calendar

13. 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)

227d - Support Plan Medical/Dental

14. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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 uses a walker for mobility. However, this adaptive device is not documented on the resident's current support plan, dated [REDACTED]

Plan of Correction

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

On 6/5/24, the Administrator/designee immediately updated Resident 1's support plan to show that Resident 1 may, at times, use a walker. On 6/6/24, the Administrator was in-serviced by the Administrator of Building 3 on regulation 2600.227d. From 6/6/24 to 6/13/24, the Administrator performed an initial audit of current resident RASPs to ensure all information was up to date. Starting 7/8/24, the Administrator will review a sample of RASPs quarterly to ensure compliance in the future.

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

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