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

July 31, 2025

[redacted], ADMINISTRATOR
MAGNOLIA LEXI LLC
[redacted]

RE: MAGNOLIA PERSONAL CARE
CENTER-BUILDING I
68 LEXI STREET
MIFFLINTOWN, PA, 17059
LICENSE/COC#: 33870

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2025, 06/26/2025 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 I* **License #**: *33870* **License Expiration**: *03/22/2026*

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**: *Department of Labor & Industry*

Type: *C-2 LP* **Date**: *07/17/1991* **Issued By**: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *23* **Waking Staff**: *17*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *06/26/2025*

Inspection Dates and Department Representative

06/25/2025 - On-Site: [redacted]

06/26/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* **Residents Served**: *23*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* **Are 60 Years of Age or Older**: *23*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

06/25/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/12/2025*

07/17/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/28/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/24/2025*

07/28/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/28/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/04/2025*

07/31/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *07/28/2025*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 2/13/25, the home lost heat in a portion of the building containing resident rooms. A contractor was called to fix the situation and heat was restored on 2/17/25. During this time, temperatures were monitored by staff and residents were offered another room with heat in another portion of the building. The home did not report this incident to the department.

Plan of Correction ***Accept ([redacted] - 07/28/2025)***

On 6/26/25, the Administrators thoroughly reviewed the proper incident reporting procedures as outlined in the Regulatory Compliance Guide. On 6/26/25, the administration was educated by the inspectors about the proper incident reporting procedures during their on-site inspection. Going forward, Administrators will immediately file written incident reports to the department as required to ensure this violation isn't repeated. The administration will review all incident reporting to ensure all proper steps are taken in the future.

Licensee's Proposed Overall Completion Date: *07/24/2025*

Implemented ([redacted] - 07/31/2025)

65a - FS Orientation 1st Day

2. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted] did not receive orientation on the following topics:

-The location and use of fire extinguishers
-Smoke detectors and fire alarms
-Telephone use and notification of emergency services

Plan of Correction ***Accept ([redacted] - 07/28/2025)***

On 06/26/2025, the Administrator was educated about orientation training and documentation by inspectors during their on-site inspection. On 7/24/2025, the administration will perform and document an initial audit to ensure all current staff have the required 1st day trainings. On 07/01/2025, Staff Person A was re-oriented on fire extinguishers, smoke detectors, fire alarms, and the telephone use and notification of emergency services. On 7/01/2025, the Administrator documented the training on the orientation form. The Administrator will be sure to complete all required orientation documentation upon hire and will review all new-hire trainings at the end of the first day of work. Starting 7/01/2025, the Administrator and the Administrator designee will initial all orientation training to ensure completion.

65a - FS Orientation 1st Day *(continued)*

Licensee's Proposed Overall Completion Date: *07/24/2025*

Implemented ([redacted] - 07/31/2025)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent fire drill conducted during sleeping hours was on 9/18/24 at 3:00 AM.

Plan of Correction ***Accept ([redacted] - 07/28/2025)***

On 06/26/2025, the Administrator was educated by inspectors during their on-site inspection on fire drills during sleeping hours. On 6/30/2025, at 5:30 AM, the Administrator conducted a fire drill during sleeping hours. On 7/01/2025, the Administrator added notations to the fire drill log to ensure the two overnight fire drills are done, no more than 6 months apart. The overnight fire drill will be conducted again in September and March and September going forward. Starting 07/24/2025, the administration will review all fire drills monthly to ensure the sleep drills are completed in March and September.

Licensee's Proposed Overall Completion Date: *07/24/2025*

Implemented ([redacted] - 07/31/2025)

185a - Implement Storage Procedures

5. 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 acetaminophen as needed. On 6/26/25, this medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 07/28/2025)***

On 6/26/25, the Administrator immediately contacted the Pharmacy to have Resident # 1's Acetaminophen delivered. The Pharmacy delivered the medication on 6/26/2025. The Administrator will in-service medication staff on 7-16-25 on the importance of ensuring all medication prescribed is available at all times. Starting 6/29/2025, the Administrator or designee will perform and document weekly med cart audits, indefinitely, to ensure all meds prescribed are available. Starting 07/24/25, the administration will perform weekly glucometer audits for 6 weeks and monthly after that.

Licensee's Proposed Overall Completion Date: *07/24/2025*

Implemented ([redacted] - 07/31/2025)

227d - Support Plan Medical/Dental

6. 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

The assessment and support plan for resident #1, dated [redacted] does not indicate the resident's need for or use of a bed rail.

Plan of Correction ***Accept ([redacted] - 07/28/2025)***

On 6/26/2025, the Administrator immediately updated Resident 1's support plan to reflect the use of a bed rail. From 6/26/2025 until 7/10/2025, the Administrator and designee performed and documented an audit of all RASPs to ensure all information on current RASPs is accurate and up to date. In the future, the Administrator/designee will be more diligent in updating RASPs. Starting 07/24/2025, the administration will perform an audit of a sample of RASPs monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/24/2025*

Implemented ([redacted] - 07/31/2025)