

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

July 29, 2025

[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 06/25/2025, 06/25/2025 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 III* License #: *33871* 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: *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: *06/26/2025*

**Inspection Dates and Department Representative**

06/25/2025 - On-Site: [REDACTED]  
 06/25/2025 - 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: *0* 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**

06/25/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/26/2025*

Inspections / Reviews *(continued)*

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

07/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

### Description of Violation

*On 6/25/25, at approximately 10:50 AM, the medication administration record binder for all residents residing in the home were unlocked, unattended, and accessible on top of the medication cart located outside of the service window of the kitchen in building 2.*

*On 6/25/25, at approximately 10:50 AM, the current resident assessment and support plans for all the residents in the home were unlocked, unattended and accessible in the medication cart located outside of the service window of the kitchen in building 2.*

### Plan of Correction

**Accept (█ - 07/17/2025)**

*On 06/25/25, immediately upon observing the unlocked cart and binder, the Administrator reminded the medication staff responsible that the medication charts and records must be locked at all times when unattended. The administration will in-service all medication staff on 7/28/25 regarding the importance of record confidentiality. Starting 7/16/25, the administration will perform and document daily walk-throughs to ensure compliance.*

**Licensee's Proposed Overall Completion Date: 07/28/2025**

**Implemented (█ - 07/29/2025)**

## 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:

### Description of Violation

*Staff person A, whose first day of work was █ did not receive orientation on the following topics:*

- 5. The location and use of fire extinguishers.*
- 6. Smoke detectors and fire alarms.*
- 7. Telephone use and notification of emergency services.*

### Plan of Correction

**Accept (█ - 07/25/2025)**

*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*

65a - FS Orientation 1st Day (continued)

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.

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

Implemented ( ) - 07/29/2025

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

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

Description of Violation

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

Plan of Correction

Accept ( ) - 07/25/2025

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 ( ) - 07/29/2025

183b - Meds and Syringes Locked

4. 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 6/25/25, at approximately 10:50 AM, the medication cart containing medications of the residents residing in the home was unlocked, unattended, and accessible in the dining room of building 2.

Repeated Violation - 6/3/24, et al

Plan of Correction

Accept ( ) - 07/17/2025

On 6/25/25, immediately upon observing the unlocked medication cart, the Administrator reminded the medication staff responsible that all medication carts must be locked at all times when unattended. On 7/28/25, the administration will in-service all medication staff regarding the importance of medication carts being locked when unattended. Starting 7/16/25, the administration will perform and document daily walk-throughs to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/28/2025

183b - Meds and Syringes Locked (continued)

Implemented ( ) - 07/29/2025

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 [redacted] [redacted] However, on 6/26/25, this medication was not available in the home.

On 6/11/25, at 7:00 AM, [redacted] resident #1 [redacted] [redacted]

Repeated Violation - 6/3/24, et al

Plan of Correction

Accept ( ) - 07/25/2025

On 06/26/25, the Administrator contacted Resident #1's physician to have [redacted] discontinued because Resident #1 no longer required/wanted the medication. On 07/14/2025, the administration in-serviced all medication staff on the importance of making sure all medication prescribed is always available. The staff responsible for the wrong [redacted] documentation was notified immediately. On 7/26/25, all staff [redacted] [redacted] will be in-serviced on the importance of accurate [redacted] documentation. Starting 06/27/2025, the administration will perform weekly med cart audits to ensure compliance. Starting 07/24/25, administration will perform weekly [redacted] audits for 6 weeks, and then monthly after that.

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

Implemented ( ) - 07/29/2025