

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

December 1, 2025

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2025 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: *07/17/1991* Issued By: *L&I*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *11/06/2025*

**Inspection Dates and Department Representative**

11/06/2025 - 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: *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**

11/06/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/23/2025*

11/20/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *11/28/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2025*

Inspections / Reviews (*continued*)

## 11/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/01/2025

## 12/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [redacted] self-administers medications to include [redacted]; however, Resident [redacted] has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept ([redacted] - 11/24/2025)

On 11-06-2025, the Administrator educated Resident # [redacted] on the requirement for staff to administer all medications unless the physician documents otherwise. On 11-06-2025, the Administrator removed the Nystatin from Resident #1's apartment and placed in the locked medication cart. On 11-21-2025, Resident #1's medical provider will assess Resident #1's ability to self-administer medications. On 11-25-2025, the Administrator will in-service all med staff on the importance of locked medication and on Regulation 2600.81.c. **(Directed) Education will be provided to all med staff on 2600.181(c)-[redacted].** Starting 11-21-2025, the Administrator will perform and document daily walk-through audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented ([redacted] - 12/01/2025)

183b - Meds and Syringes Locked

2. 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 [redacted] at 9:28 AM, [redacted] and [redacted] were unlocked, unattended, and accessible in apartment [redacted]. There are three individuals residing in apartment [redacted].

Repeated Violation [redacted], et al.

Plan of Correction

Accept ([redacted] 11/24/2025)

On 11-6-2025, the Administrator removed all OTC medications from apartment [redacted]. On 11-6-2025, the Administrator talked to the resident responsible for the OTC meds about the importance of having all meds locked in our medication cart. On 11-25-2025, all staff will be in-serviced on the importance of locked medications to ensure compliance. Starting 11-21-2025, the Administrator will perform and document an initial audit of all resident rooms and perform daily walk-through audits after that to ensure compliance.

183b Meds and Syringes Locked (*continued*)

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented [REDACTED] - 12/01/2025)