

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

March 24, 2026

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

RE: MAGNOLIA PERSONAL CARE
CENTER-BUILDING II
68 LEXI STREET
MIFFLINTOWN, PA, 17059
LICENSE/COC#: 33873

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2025, 11/25/2025 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 II License #: 33873 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: 30 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 11/25/2025

Inspection Dates and Department Representative

11/06/2025 - On-Site: [REDACTED]
 11/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 31 Residents Served: 30
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 2
 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: 12/21/2025

Inspections / Reviews (*continued*)

12/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/21/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/30/2025

12/30/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/21/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/23/2026

03/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/21/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] Resident [redacted] submitted a written complaint to the home's administrator alleging "great medical negligence and mental, emotional, spiritual, verbal and physical abuse and violence on almost daily basis and extreme violation of civil rights" along with personal items that have gone missing. However, the home did not report these allegations to Older Adult Protective Services.

On [redacted], Resident [redacted] submitted a written complaint alleging abuse by Staff Members A, B, C and D. The home did not report these allegations to Older Adult Protective Services.

On [redacted], Resident [redacted] submitted a written complaint to the home's administrator alleging verbal, mental, emotional, and physical abuse by staff members. However, the home did not report these allegations to Older Adult Protective Services.

Repeated Violation – [redacted] et al.

Plan of Correction

Accept [redacted] 12/29/2025)

On 11/20/25, the Administrator completed an abuse reporting course with the PA Dept of Aging. On 11/26/25, all DCS were in-serviced on correct abuse reporting procedures. On 12/15/25, at approximately 11:30 AM, the Administrator reported Resident [redacted]'s abuse allegations to AAA and immediately after completed and sent the ACT 13 form to AAA. On 1/27/25, all DCS and Administration will have a Caregiver Sensitivity class provided by an outside source (physical therapy business owner and therapist). On 12/12/25, the Administrator created and implemented a complaint log for the Administrators to document complaints. The Administrators will review the complaint log daily to ensure compliance and to ensure any complaints that need reported are reported to AAA.

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [redacted] - 03/24/2026)

16c Written Incident Report

2. 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 [redacted], Resident [redacted] submitted a written complaint to the home's administrator alleging "great medical negligence and mental, emotional, spiritual, verbal and physical abuse and violence on almost daily basis and extreme violation of civil rights" along with personal items that have gone missing. However, the home did not report these allegations to Older Adult Protective Services.

16c Written Incident Report (continued)

On [REDACTED], Resident [REDACTED] submitted a written complaint alleging abuse by Staff Members A, B, C, and D. However, the home did not report these allegations to the Department.

On [REDACTED], Resident [REDACTED] submitted a written complaint to the home's administrator alleging verbal, mental, emotional, and physical abuse by staff members. However, the home did not report these allegations to the Department.

Plan of Correction

Accept ([REDACTED] 12/29/2025)

On 11/20/25, the Administrator completed an abuse reporting course with the PA Dept of Aging. On 11/26/25, all DCS were in serviced on correct abuse reporting procedures. On 12/15/25, the Administrator submitted an incident report to DHS regarding Resident [REDACTED]'s allegations of abuse. On 12/15/25, at approximately 11:30 AM, the Administrator reported Resident [REDACTED]'s abuse allegations to AAA and immediately after completed and sent the ACT 13 form to AAA. On 1/27/25, all DCS and Administration will have a Caregiver Sensitivity class provided by and outside source (physical therapy business owner and therapist). On 12/12/25, the Administrator created and implemented a complaint log for the Administrators to document complaints. The Administrators will review the complaint log daily to ensure compliance and to ensure any complaints that need reported are reported to DHS.

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [REDACTED] - 03/24/2026)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [REDACTED] is diagnosed with [REDACTED] and [REDACTED] and [REDACTED] and [REDACTED]. The assessment and support plan for Resident [REDACTED], dated [REDACTED], does not address the resident's eating and dietary needs. Resident [REDACTED] frequently refuses to consume [REDACTED] meals in the home's dining room. The home will provide meals delivered to a resident's bedroom if a resident is ill; however, the home will not deliver meals to Resident [REDACTED] bedroom, resulting in Resident [REDACTED] missing multiple meals per day. Resident [REDACTED] was sent to the hospital on [REDACTED] due to not eating and was admitted to a rehab facility until [REDACTED]. Resident [REDACTED] was again sent to the hospital on [REDACTED] for missing meals and admitted to a nursing home until [REDACTED]. Staff interviews indicated meals will not be taken to Resident [REDACTED] or provided when the resident refuses to come to the dining room. Staff communication logs indicate continued missed meals following the resident's most recent hospitalization in October 2025:

- [REDACTED] the resident missed lunch
- [REDACTED] the resident missed supper and evening snack
- [REDACTED] the resident missed supper and evening snack
- [REDACTED] the resident missed supper and snack and did not consume breakfast or lunch all weekend A second staff note on [REDACTED] documented "[REDACTED] going to lay back there and die."

On [REDACTED], Resident [REDACTED] weighed [REDACTED]. On [REDACTED] Resident [REDACTED] weighed [REDACTED]

Repeated Violation [REDACTED] et al.

42b - Abuse (continued)

Plan of Correction

Accept (█ 12/29/2025)

On 11/25/25, the Administration was educated by on-site surveyors during the exit interview on Regulation 2600.42b. On 11/26/25, all DCS were notified if they were unable to get Resident █ to the table for meals, they were to call the office and the office would try to encourage Resident █ to come to the dining room. On 11/26/25, DCS were notified if Resident █ missed 2 consecutive meals, █ needed to be sent to the ER. If Resident █ continues to be unwilling to come to meals, the Administrator will issue a 30-day notice and DCS will take meals to █ room until █ can be placed at a higher level of care. In the future, if there are residents that repeatedly refuse meals, we will take meals to them until we can find them suitable placement in another facility. On 12/19/25, the resident contract was updated to include our policy on regulatory requirements under 2600.104(e). On 1/27/26, all DCS will attend a Caregiver Sensitivity training provided by an outside source (physical therapy business owner and therapist). Physicians notes regarding Resident █ are attached. (We just received these from █ Dr; █ was out of the country on vacation the past couple of weeks.) Also correct weights are attached from the physician. The weight of 104.2 lbs from 3/14/25 came from a different facility and █ physician feels this is incorrect. The highest weight █ has recorded for █ is 102 and that is from 3/2020. By 01/15/2026, the physician will reassess Resident 2 to help determine the root cause of Resident 2 refusing to go to the dining room.

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented █ - 03/24/2026

42c - Treatment of Residents

4. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff and residents reported to agents of the Department that Staff Member D is verbally aggressive and disrespectful toward residents. Staff and residents have witnessed Staff Member D intimidate and degrade residents. Interviews with staff and residents confirmed Staff Member D yells and curses at residents.

On █, Resident █ stated the following to agents of the Department regarding Staff Member D: "I'm terrified of █ I dread when █ is here. She's always yelling, swears.", "(Staff Member D) says I don't belong here and I should be in nursing home."

On █, Resident █ stated the following to agents of the Department regarding Staff Member D: "(Staff Member D) said I should have stayed at (rehab) instead of coming back.". Resident #4 also reported Staff Member D is disrespectful to █ "whenever she's here".

On █, Resident █ stated the following to agents of the Department regarding Staff Member D: " I don't like how █ makes people feel, thinks she's above everyone.", "Tells people she's talking but she's yelling."

On █, Resident █ stated the following to agents of the Department regarding Staff Member D: " █ picks on people", "(Resident █) falls asleep at the dining table and █ starts hollering at █ "If she's irritated with you, says you're going to get your pills last on the list."

42c - Treatment of Residents (continued)

Plan of Correction

Accept [REDACTED] 12/29/2025)

On 12/15/25, Staff member D was given a warning by the Administration regarding improper resident treatment. On 12/24/25, the Administration in-serviced Staff Member D on Resident Rights. Starting 12/17/25, there will be random resident interviews of 4-6 residents to ensure all residents feel safe and are treated with dignity and respect **(Directed) Interviews will continue weekly for at least 4 weeks and will be documented-** [REDACTED] Starting 12/24/24, the Administration will create and implement an observation audit of Staff Member D, weekly for 6 weeks, to ensure compliance. On 1/27/26, all DCS will be in serviced on Caregiver Sensitivity (to include Positive Approaches) by an outside source (physical therapy owner and therapist).

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [REDACTED] - 03/24/2026)

101c - Bedroom Mobility Needs

5. Requirements

2600.

101.c. Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

Description of Violation

Bedroom 5 is occupied by 3 residents, including Resident [REDACTED] and Resident [REDACTED] who utilize walkers for ambulation, requiring a minimum room size of 300 square feet. However, the bedroom only measures 196 square feet.

Plan of Correction

Accept [REDACTED] 12/29/2025)

On 11/25/25, the Administration was educated by onsite surveyors during the exit interview on room size requirements. By 12/19/25, Resident [REDACTED] will be moved to a larger room to ensure safety. On 12/19, Resident [REDACTED] physician provided a medical order to state that [REDACTED] can maneuver without the necessity of additional space. By 12/24/25, the administration will conduct and document an audit of resident rooms to ensure there is enough space to account for mobility devices. By 1/15/2026, if there are any resident rooms that do not have the required amount of space, we will have the residents evaluated by their physician to determine if they can maneuver without the additional space. If they cannot maneuver without the additional space, the Administration will move them to a larger room. Starting 12/20/25, the Administration will complete and document resident room audits to ensure continued compliance. **(Directed) Audits will be completed monthly for at least 6 months-** [REDACTED]

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [REDACTED] - 03/24/2026)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED]'s assessment, dated [REDACTED] indicates that the Resident [REDACTED] has no dietary needs and is independent in the area of eating and requires no assistance with feeding the resident or encouraging the resident to eat. However, Resident [REDACTED] frequently misses multiple meals daily, requiring hospitalization and rehab on [REDACTED] and [REDACTED]. Resident [REDACTED] requires prompts and encouragement to leave [REDACTED] bedroom to be served meals in the home's dining room and is diagnosed with Unspecified Severe Protein-Calorie Malnutrition. On [REDACTED], Resident [REDACTED] received physician's orders for Mechanical Soft diet with ground meat textures and on [REDACTED] an order was received for weights to be checked three times weekly. Resident [REDACTED] assessment has not been updated to reflect the resident's current needs in these areas.

Resident [REDACTED]'s assessment, dated [REDACTED], indicates that the resident is independent in managing finances. However, the home provides assistance to Resident [REDACTED] to make financial transactions and pay rent. Resident [REDACTED] assessment has not been updated to reflect the resident's current needs in the area of managing finances.

Resident [REDACTED] assessment, dated [REDACTED], indicates that the resident has no behavioral and/or cognitive needs. However, staff interviews indicated Resident [REDACTED] has problems with memory and orientation as the resident becomes confused and recalls events inaccurately. Resident [REDACTED]'s assessment has not been updated to reflect these changes.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

On 11/25/25, the Administration was educated by the on-site surveyors during the exit interview on Regulation 2600.225.c. On 12/15/25, the Administration updated Resident [REDACTED]'s RASP to reflect [REDACTED] needs and diagnoses. On 12/15/25, the Administration updated Resident [REDACTED] RASP to reflect financial needs and memory recall. By 12/24/2025, the Administration will complete and document an initial audit of all resident RASPs to establish a baseline of compliance. Starting 01/15/2026, the Administration will audit a sample of 3-4 RASPs monthly to ensure compliance. On 1/5/2026, all DCS staff will be in-serviced on Regulation 2600.225(c) and notifying the Administration to ensure timely updates.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [REDACTED] - 03/24/2026)