

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

March 20, 2026

[REDACTED] MEMBER
MAGNOLIA PLACE MANAGEMENT LLC
[REDACTED]
[REDACTED]

RE: MAGNOLIA PLACE OF SAXONBURG
100 BELLA COURT
SAXONBURG, PA, 16056
LICENSE/COC#: 45090

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/06/2026, 01/07/2026 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 PLACE OF SAXONBURG* License #: *45090* License Expiration: *02/20/2026*
 Address: *100 BELLA COURT, SAXONBURG, PA 16056*
 County: *BUTLER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MAGNOLIA PLACE MANAGEMENT LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>I-1</i>	Date: <i>05/23/2024</i>	Issued By: <i>Code Consulting</i>
Type: <i>C-2 LP</i>	Date: <i>11/19/1997</i>	Issued By: <i>Dept L & I</i>
Type: <i>C-2 LP</i>	Date: <i>08/29/1994</i>	Issued By: <i>Dept L & I</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *01/07/2026*

Inspection Dates and Department Representative

01/06/2026 - On-Site: [REDACTED]
 01/07/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *59*

Secured Dementia Care Unit

In Home: *Yes* Area: *Magnolia Village* Capacity: *32* Residents Served: *15*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>1</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>3</i>
Have Mobility Need: <i>22</i>	Have Physical Disability: <i>2</i>

Inspections / Reviews

01/06/2026 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/08/2026*

Inspections / Reviews *(continued)*

02/12/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/13/2026

03/20/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation for resident #1, dated [REDACTED] was blank in the immunization area.

Plan of Correction

Accept [REDACTED] - 02/12/2026)

Renewal violation:

- On 02/03/26 PCHA educated LPN RSD and LPN Support Nurse on 2600.141(b)(1) regulatory requirements. Documentation will be maintained.
- By 02/06/26 LPN RSD will correct resident #1's DME.
- By 02/20/26 LPN RSD and LPN Support Nurse will complete an internal audit of all DMEs to measure overall compliance. Monthly internal audits of DMEs will continue for two additional months thereafter to ensure continued compliance. Documentation will be kept.
- Results of the internal audits will be reviewed by the PCHA during monthly QA meetings beginning 02/26/26. Documentation will be maintained.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented [REDACTED] - 03/20/2026)

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 was prescribed Ketoconazole 2% cream applied to affected area two times daily at 8:00 a.m. and 6:00 p.m. However, on 1/6/26 at 6:00 p.m., the staff person who administered the medication did not initial the January 2026 medication administration record (MAR).

The following prescribed medications were not administered to resident #2 on 12/16/25; however, staff person A initialed these medications as administered on the December 2025 medications administration record (MAR):

Bumetanide 1mg, 2 tablets by mouth daily in the evening

Metformin HCL 500mg, take by mouth 1 twice daily with meals

Potassium Cl ER 20meq, take 2 tablets by mouth twice daily

The following prescribed medications were not administered to resident #3 on 12/16/25; however, staff person A initialed these medications as administered on the December 2025 medications administration record (MAR):

MAPAP 325mg, take by mouth 2 tablets every 8 hours

Olanzapine 10mg tablet, dissolve 1 tablet by mouth once daily at 5pm

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept () - 02/12/2026)

Renewal violation:

- LPN Support Nurse immediately corrected medication administration record (MAR) of resident #2 after confirming with staff person medication was administered.
- By 02/20/26 all staff persons who administer medications will be re-educated by LPN RSD and LPN Support Nurse on 2600.187(b) regulatory requirements of recording medication at time of administration. Documentation will be kept.
- By 02/20/26 LPN RSD and LPN Support Nurse will complete an internal audit of medication administration records to measure overall compliance. Monthly internal audits of medication administration records will continue for two additional months thereafter to maintain continued compliance. Documentation shall be kept.
- Results of the internal audits will be reviewed by the PCHA during monthly QA meetings beginning 02/26/26. Documentation will be kept.

Incident violation:

- On 12/16/25 LPN RSD immediately initiated medication error investigation related to resident #2 and resident #3 medication errors. Residents assessed for no adverse outcomes, physicians and responsible parties notified. LPN RSD and HR reviewed incident with staff person involved on 12/17/25. Responsible staff person terminated ()
- PCHA educated all medication technicians on regulation 2600.187(b) and 2600.187(d) on 12/21/25 and 12/22/25 to prevent reoccurrence. Documentation will be kept.
- Beginning January 2026 LPN RSD, LPN Support Nurse and/or designee will interview five random residents per week for three months to measure ongoing compliance. Documentation will be kept.
- Results of resident interviews will be reviewed by the PCHA during monthly QA meetings beginning 02/26/26. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented () - 03/20/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 was prescribed the following medications; however, staff person A did not administer these medications on 12/16/25:

Bumetanide 1mg, 2 tablets by mouth daily in the evening
Metformin HCL 500mg, take by mouth 1 twice daily with meals
Potassium Cl ER 20meq, take 2 tablets by mouth twice daily

Resident #2 was prescribed Ketoconazole 2% cream applied to affected area two times daily at 8:00 a.m. and 6:00 p.m. However, on 1/3/26 at 8:00 a.m., the medication was not available and not administered.

187d - Follow Prescriber's Orders (continued)

Resident #3 was prescribed the following medications; however, staff person A did not administer these medications on 12/16/25:

Eliquis 5mg, crush 1 tablet and mix in food or beverage and take by mouth twice daily

MAPAP 325mg, take by mouth 2 tablets every 8 hours

Olanzapine 10mg tablet, dissolve 1 tablet by mouth once daily at 5pm

Tussin Reg 100mg/5ml sol, give 30ml by mouth twice daily for 7 days for congestion

Resident #4 was prescribed Mirtazapine 15mg by mouth at bedtime; however, on 1/5/26 at 7:00 p.m. the medication was not available and not administered to the resident.

Plan of Correction

Accept ([REDACTED]) - 02/12/2026)

Incident violation:

- On 12/16/25 LPN RSD immediately initiated medication error investigation upon notification related to resident #2 and resident #3 medication errors. Residents assessed for no adverse outcomes, physicians and responsible parties notified. LPN RSD and HR reviewed incident with staff person involved on 12/17/25. Responsible staff person terminated [REDACTED]
- LPN PCHA educated all medication technicians on regulation 2600.187(b) and 2600.187(d) on 12/21/25 and 12/22/25 to prevent reoccurrence. Documentation will be kept.
- Beginning January 2026 LPN RSD, LPN Support Nurse and/or designee will interview five random residents per week for three months to measure compliance with medication administration. Documentation will be kept.
- Results of resident interviews will be reviewed by the PCHA during monthly QA meetings beginning 02/26/26. Documentation will be kept.

Renewal violation:

- On 01/07/26 LPN Support Nurse later located Ketoconazole 2% cream for resident #2 during med cart audit with licensing representative. To prevent reoccurrence LPN Support Nurse will create designated area in medication carts for treatments by 02/20/26. Resident #4 Mirtazapine 15mg tablets delivered to the facility 1/6/26. PCHA, LPN RSD and LPN Support Nurse held a virtual meeting with pharmacy provider stakeholders on 2/5/26 to review medication delivery/availability to prevent reoccurrence.
- By 02/20/26 all staff persons who administer medications will be re-educated on 2600.187(d) regulatory requirements by LPN RSD and LPN Support Nurse. Documentation will be kept.
- By 02/20/26 LPN RSD and LPN PCHA will complete an internal audit of medication administration records to measure overall compliance. Monthly internal audits of medication administration records will continue for three additional months thereafter to ensure continued compliance. Documentation shall be kept.
- Results of the internal audits will be reviewed by the PCHA during monthly QA meetings beginning 02/26/26. Documentation will be kept.

187d - Follow Prescriber's Orders (*continued*)

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented () - 03/20/2026

225c - Additional Assessment

4. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's assessment was completed on (); however, the assessment did not address the resident care needs for (). Additionally, this resident is assessed as total assistance for ambulation; however, interviews indicated this resident was independent with ambulation needs.

Plan of Correction

Accept () - 02/12/2026

Renewal violation:

- On 02/03/26 PCHA educated LPN RSD and LPN Support Nurse on 2600.225(c) regulatory requirements. Documentation will be kept.
- By 02/06/26 LPN RSD an additional assessment will be completed for resident #1.
- By 02/20/26 LPN RSD and LPN Support Nurse will complete an internal audit of all resident assessments to measure overall compliance. Monthly internal audits of resident assessments will continue for two additional months thereafter to assure continued compliance.
- Results of the internal audits will be reviewed by the PCHA during monthly QA meetings beginning 02/26/26. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented () - 03/20/2026

227c - Support Plan Revision

5. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1's assessment was completed on () however, the support plan was undated and did not indicate the date the support plan was finalized.

Plan of Correction

Accept () - 02/12/2026

Renewal violation:

- On 02/03/26 PCHA educated LPN RSD and LPN Support Nurse on 2600.227(c) regulatory requirements. Documentation will be kept.
- By 02/06/26 LPN RSD will correct resident #1's additional assessment and date support plan finalized.
- By 02/20/26 LPN RSD and LPN Support Nurse will complete an internal audit of all support plans to

227c - Support Plan Revision (continued)

measure overall compliance. Monthly internal audits of support plans will continue for two additional months thereafter to ensure continued compliance. Documentation will be kept.

- Results of the internal audits will be reviewed by the PCHA during monthly QA meetings beginning 02/26/26. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented ([redacted]) - 03/20/2026

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the undated initial support plan; however, the resident did not sign the support plan nor did it indicate the resident's inability to sign.

Plan of Correction

Accept ([redacted]) - 02/12/2026

Renewal violation:

- On 02/03/26 PCHA educated LPN RSD and LPN Support Nurse on 2600.227(g) regulatory requirements. Documentation will be kept.
- By 02/06/26 LPN RSD will have completed the additional assessment, support plan revision with resident and obtain resident #1's signature.
- By 02/20/26 LPN RSD and LPN Support Nurse will complete an internal audit of all support plans to measure overall compliance. Monthly internal audits of support plan signatures will continue for two additional months thereafter to ensure continued compliance. Documentation will be kept.
- Results of the internal audits will be reviewed by the PCHA during monthly QA meetings beginning 02/26/26. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented ([redacted]) - 03/20/2026