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

March 24, 2026

[redacted]
MAGNOLIA LEXI, LLC
[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 02/04/2026 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 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**: *42* **Waking Staff**: *32*

## Inspection Information

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

**Reason**: *Interim* **Exit Conference Date**: *02/04/2026*

## Inspection Dates and Department Representative

*02/04/2026 - 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**: *1*

### Number of Residents Who:

**Receive Supplemental Security Income**: *21* **Are 60 Years of Age or Older**: *28*

**Diagnosed with Mental Illness**: *7* **Diagnosed with Intellectual Disability**: *3*

**Have Mobility Need**: *12* **Have Physical Disability**: *0*

# Inspections / Reviews

### 02/04/2026 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/05/2026*

### 03/05/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *03/19/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/11/2026*

## Inspections / Reviews *(continued)*

**03/13/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *03/19/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/20/2026*

**03/24/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *03/19/2026*

**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 [redacted] at 9:16 AM, Resident [redacted] and [redacted]'s February 2026 Medication Administration Records and the staff communication log were unlocked, unattended, and accessible in the linen closet located in the dining room. The communication log contained daily updates regarding resident care and medication:*

[redacted]

*Repeated Violation- [redacted], et al.*

**Plan of Correction** ***Accept [redacted] 03/05/2026)***

*On 2-4-26, immediately upon observing the unlocked documentation closet, the Administrator locked the closet and reminded medication staff that the documentation closet needs to be kept locked at all times. On 2-11, the Administrator ordered a passcoded knob for the documentation closet to ensure resident records remain confidential. On 2-16, Maintenance installed the passcoded knob on the documentation closet to ensure this violation is not repeated. By 3-18-2026, there will be an inservice provided by the administration for all staff on the importance resident confidentiality.*

**Licensee's Proposed Overall Completion Date:** *03/18/2026*

***Implemented [redacted] - 03/24/2026)***

## 42b - Abuse

### 2. 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]. The assessment and Support plan for Resident [redacted] dated [redacted], indicated a Dietary need of Malnutrition with a plan for DSC to encourage [redacted] to eat all [redacted] meals. The summary and determination of the resident's overall wellness indicated "when [redacted] misses meals 2-3 days in a row, [redacted] will be sent to the hospital". On [redacted], Resident [redacted] weighed [redacted] Due to continued refusals to eat in the dining room, Resident [redacted] was taken to the hospital and admitted to Embassy Rehab on [redacted]. Upon discharge from rehab on [redacted] Resident [redacted] weighed [redacted]. By [redacted] the home implemented a process to deliver meals to Resident [redacted] in [redacted] bedroom if [redacted] refused to go to the dining room and to send the resident to the emergency room if [redacted] missed 2 consecutive meals. Multiple staff interviews indicated staff only provide an Ensure Nutritional Shake in lieu of a meal if Resident [redacted] does not go to the dining room for the scheduled meal. Another staff member stated "we don't take meals to [redacted] we want [redacted] to come to the table". Resident [redacted] missed all 3 meals on [redacted] and [redacted]; Resident #6 was not taken to the emergency room and a physician was not notified. As of [redacted] Resident [redacted] weight was [redacted].*

## *42b - Abuse (continued)*

*Repeated Violation - 6/25/25, et al.*

**Plan of Correction** ***Accept [redacted] - 03/05/2026)***

*On 1-29-26, Resident [redacted] was admitted to Hospice. On 2-10-26, the Administrator posted a notice to all staff to take all meals to Resident [redacted] room if [redacted] did not come to the dining room. Since 2-10-26, Resident [redacted] eats most meals in [redacted] room; Resident [redacted] eats all of [redacted] meals approximately 75% of the time (full meals along with a protein shake). On 2/14/2026, Resident [redacted] refused breakfast, staff called 911 to transport to ER, Resident [redacted] refused to go to ER and signed a refusal. On 2-17-26, the physician gave us an order to not transfer to the hospital unless Resident [redacted] requested, or if Resident [redacted] was in distress. On 2-17, the notice to staff was updated (removing the sending to ER). Staff will continue to take meals to Resident [redacted]'s room for the duration of [redacted] time with us to ensure compliance. Documentation is attached.*

**Licensee's Proposed Overall Completion Date:** *03/03/2026*

***Implemented [redacted] 03/24/2026)***

## 42c - Treatment of Residents

**3. Requirements**

2600.
42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*Multiple resident interviews indicated Staff Member A is "nasty", picks on residents and yells at everyone. Resident [redacted] reported that after the last inspection, Staff Member A was mean to everyone due to residents complaining. Residents are afraid of Staff member A; afraid they will be punished. Resident [redacted] indicated Staff Member A is nasty and yells at Resident [redacted] for sleeping in a chair in the living room. Resident [redacted] feels Staff Member A has gotten worse than before the last inspection.*

**Plan of Correction** ***Accept [redacted] - 03/05/2026)***

*On 2-5-26, the Administration addressed the allegations with Staff Member A.*
*On 2-27, the Administrator reached out to the local AAA to see if they could provide staff trainings on Caregiver sensitivity (waiting to hear back). On 3-2-26, all DCS will be in serviced by our pharmacy representative on Sensitivity to Resident Needs and Behavior Management. Starting 3-2-26, the Administration will observe Staff member A weekly to ensure all residents are treated with dignity and respect. Starting 3-9-26, the Administration will create and implement a sample of 6-8 resident interviews weekly for 6 weeks to ensure all residents feel safe and are treated with dignity and respect.*

**Licensee's Proposed Overall Completion Date:** *03/09/2026*

***Implemented [redacted] - 03/24/2026)***

## 225c - Additional Assessment

**5. 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] assessment, dated [redacted] indicated Resident #9 is independent with eating and has no dietary need. However, Resident [redacted] frequently misses meals throughout the week and receives Ensure as a supplement. Resident [redacted] assessment has not been updated to reflect these changes.*

**Plan of Correction** ***Accept [redacted] - 03/13/2026)***

*On 2-4-2026, the Administrators were educated on regulation 225.c. by the onsite surveyors, during the exit interview. On 3-3-2026, the Administration updated Resident 9s assessment to reflect that Resident 9 frequently misses meals throughout the week. Starting 3-3, the Administration will create and implement an initial audit of all assessments to ensure all are up to date and accurate; the initial audit will be completed by 3-11-26. After the initial audit of assessments is complete, the Administration will perform an audit of 4-6 assessments per month indefinitely to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** *03/10/2026*

***Implemented [redacted] - 03/24/2026)***

## 227c - Support Plan Revision

**6. 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 [redacted]'s assessment, dated [redacted] and last updated [redacted], indicated the resident has a diagnosis of malnutrition. To meet this service need, the support plan, dated [redacted] indicated staff encourage the resident to eat all meals. However, Resident [redacted] is provided a dietary supplement when a meal is refused and at least once daily in the evening with dinner. Resident [redacted] weight is to be checked daily. Resident [redacted] support plan was not updated to include the plan to meet the resident's need.*

**Plan of Correction** ***Accept ([redacted] - 03/13/2026)***

*On 2-4-2026, the Administrators were educated on regulation 227.c. by the onsite surveyors, during the exit interview. On 2-11-26 and 2-17-26, the Administration updated Resident 6's assessment to include the plan to meet Resident 6's needs. Starting 3-3, the Administration will create and implement an initial audit of all RASPs to ensure all are up to date and accurate. After the initial audit of RASPs is complete, the Administration will perform an audit of 4-6 RASPs per month indefinitely to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** *03/10/2026*

***Implemented [redacted] 03/24/2026)***