

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

May 27, 2026

[REDACTED], VP OF HEALTH SERVICES  
FREDERICK MENNONITE COMMUNITY  
2849 BIG ROAD - OFFICE  
ZIEGLERVILLE, PA, 19492

RE: FREDERICK LIVING - MAGNOLIA  
HOUSE  
2849 BIG ROAD  
ZIEGLERVILLE, PA, 19492  
LICENSE/COC#: 12772

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2026, 04/14/2026, 04/22/2026 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:** FREDERICK LIVING - MAGNOLIA HOUSE      **License #:** 12772      **License Expiration:** 07/22/2026  
**Address:** 2849 BIG ROAD, ZIEGLERVILLE, PA 19492  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** FREDERICK MENNONITE COMMUNITY  
**Address:** 2849 BIG ROAD - OFFICE, ZIEGLERVILLE, PA, 19492  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1      **Date:** 04/24/2023      **Issued By:** Upper Frederick Township  
**Type:** C-2 LP      **Date:** 11/13/2001      **Issued By:** Commonwealth of Pennsylvania, L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 60      **Waking Staff:** 45

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Incident      **Exit Conference Date:** 04/14/2026

**Inspection Dates and Department Representative**

04/13/2026 - On-Site: [REDACTED]  
04/14/2026 - On-Site: [REDACTED]  
04/22/2026 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 104      **Residents Served:** 56  
**Secured Dementia Care Unit**  
**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**  
**Hospice**  
**Current Residents:** 3  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 56  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 4      **Have Physical Disability:** 0

**Inspections / Reviews**

04/13/2026 Full  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/10/2026

**05/19/2026 POC Submission**

Submitted By: [REDACTED]

Date Submitted: 05/27/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/21/2026

**05/27/2026 POC Submission**

Submitted By: [REDACTED]

Date Submitted: 05/27/2026

Reviewer: [REDACTED]

Follow Up Type: Bypass Document  
Submission**05/27/2026 Bypass Document Submission**

Submitted By: [REDACTED]

Date Submitted: 05/27/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65a - FS Orientation 1st Day

1. 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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

██████████ staff person A, whose first day of work was ██████████ did not receive orientation on the following topics: staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoke detectors and fire alarms, telephone use and notification of emergency services.

██████████ staff person B, whose first day of work was ██████████ did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept (██████████) - 05/27/2026)

- The ██████████ orientation packet and first-day orientation checklist have been revised to include all required fire safety and emergency training elements. See attached
- Staff B had been ██████████ from working in Magnolia.
- Upon department of human services approval of first day orientation training material and sign off sheet, current agency staff will be reeducated before another shift is worked in Magnolia. See attached.
- Director of nursing or designee will conduct daily audits of ██████████ staff first day orientation for a month, weekly audits of agency staff first day orientation for another month and monthly audit of ██████████ staff first day orientation for another month. September 2026.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented (██████████) - 05/27/2026)

103i - Outdated Food

2. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated bacon pieces wrapped in plastic in the home's walk-in refrigerator.

103i - Outdated Food (continued)

**Plan of Correction**

Accept (█) - 05/18/2026

- Upon identification, the unlabeled and undated bacon pieces were immediately discarded.
- A full inspection of all refrigerated and stored food items was completed to ensure all food is properly labeled and dated. Any items not in compliance were discarded immediately.
- Dietary staff have been re-educated on proper food storage, labeling, and dating policy. See attached
- A daily kitchen checklist has been implemented to verify compliance with labeling and dating requirements. See attached
- The Dining Services Director/designee will conduct daily checks for one-month, weekly checks for another month to ensure all refrigerated and stored food items for proper labeling and dating. See attached
- Weekly checks will continue on an ongoing basis.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented (█) - 05/27/2026

132c - Fire Drill Records

**3. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

The home provided two sets of fire drill records. The second set was provided after several errors on the first set of drills were identified, the second set also had errors.

The errors on the first set of Fire Drill Reports include the following;

- No evacuation routes are listed,
- Under the "Locations Evacuated" section, the documentation indicates residents were simply moved into the corridor on 12/18/25, 09/07/25, and 08/27/25,
- On 04/22/25, the "Total Census" (of residents) is listed as 52, 3 residents are listed as being "Off unit during drill" but the "Active participation" number is listed as 52,
- On 02/25/25, the "Finish Time" is listed as "27:22".

The second set of Fire Drill Records include the following errors:

- There is no fire drill listed in May 2025
- Under "Location", the phrase, moved into corridor, is again listed for 12/18/25 and 08/27/25.

Repeated Violation - 02/26/2025, et al.

**Plan of Correction**

Accept (█) - 05/18/2026

- Community completed a review of all fire drill documentation. Details were missing for Match 2026 exit route. Log was updated. (see attached)
- Staff responsible for conducting drills have been educated on documentation requirements. see attached
- The Facility supervisor or designee will review each fire drill report immediately after completion for accuracy.
- Any discrepancies will be corrected promptly, and staff will receive additional training as needed.

132c Fire Drill Records (continued)

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented ( ) - 05/27/2026

141b2 - Medical Evaluation Changes

4. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #1's Documentation of Medical Evaluation (DME) dated [redacted] indicates the resident cannot self administer medications. The resident has since been trained by staff at the home to administer their own medications. A new, updated DME has not been completed.

Plan of Correction

Accept ( ) - 05/18/2026

Resident was evaluated to determine ability to self administer medication.

DME for resident 1 was updated to reflect residents' ability to self administer medications. see attached Audit of DME for residents who self administer medications will be completed. DME will be updated if needed.5/31/26

Education will be provided to staff on updating DME as needed. see attached

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented ( ) - 05/27/2026

171b5 - First Aid Kit

5. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 04/14/26, the first aid kit in the white bus did not include tweezers.

Plan of Correction

Accept ( ) - 05/19/2026

- Upon identification, tweezers were immediately obtained and placed in the first aid kit located in the white bus.
- All vehicle first aid kits were inspected to verify that each contains the required items, including tweezers.
- A standardized checklist of required first aid kit contents has been implemented for all first aid kits in vehicles. See attached.
- Staff responsible for transportation have been re educated on regulatory requirements for first aid kit content. see attached
- Weekly audit of first aid kits in vehicle will be completed for a month. see attached.
- Monthly audits will be completed thereafter on an ongoing basis. Need audit sheet

171b5 First Aid Kit (*continued*)

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented ( ) - 05/27/2026

## 187d - Follow Prescriber's Orders

**6. Requirements**

2600.

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

**Description of Violation***On 01/21/26, six (6) residents did not receive medications at their prescribed times during agency staff person A's shift.**They Include;*

- *Resident #2 did not receive their Lidocaine Patch 4%,*
- *Resident #3 did not receive their AM dose of Acetaminophen 325 MG,*
- *Resident #4 did not receive their AM dose of Jardiance 10 MG.*

*On 01/31/26, resident #5 did not receive their dose of Lasix 40 MG Tab at 12:00 PM.***Plan of Correction**

Accept ( ) - 05/19/2026

*Upon discovery, the missed medication was reported immediately to the PCP and family, and direction was obtained regarding administration. The resident was assessed for any adverse effects, none noted.**Medication Cart audit was completed. See attached**Agency staff who was responsible for administering medications was restricted from working other shifts in the community.*

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented ( ) - 05/27/2026

## 227d - Support Plan Medical/Dental

**7. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation***The assessment for resident #1, dated [REDACTED], indicates the resident cannot self administer medications. The resident has been trained and assessed as capable of medication self administration since [REDACTED]. The resident's assessment and support plan (RASP) has not been updated to reflect this change.**The assessment for resident #6, dated [REDACTED] indicates the resident has no Dietary Needs. The resident had a change in their diet restrictions to "mechanical soft/nectar thick liquids" on [REDACTED]. The resident's assessment and support plan (RASP) has not been updated to reflect this change.***Plan of Correction**

Accept ( ) - 05/19/2026

*Resident was evaluated to determine ability to self administer medication.*

**227d - Support Plan Medical/Dental (continued)**

*Support plan for resident 1 was updated to reflect residents' ability to self-administer medications see attached Audit of rasp for residents who self-administer medications will be completed. RASP will be updated if needed.5/31/26*

*Education was provided to staff on updating RASP as needed. See attached.*

*Service plan for resident number 6 was updated to reflect dietary changes on 12/18/2025. See attached. Residents RASP will be updated with dietary needs upon annual assessment in July 2026.*

**Licensee's Proposed Overall Completion Date: 06/15/2026**

**Implemented (█ - 05/27/2026)**