

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

October 3, 2025

[REDACTED]  
MAGNOLIA PLACE MANAGEMENT LLC  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/14/2025 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 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>02/14/2023</i>	Issued By: <i>Borough of Saxonburg</i>
Type: <i>C-2 LP</i>	Date: <i>11/19/1997</i>	Issued By: <i>L&amp;I</i>
Type: <i>C-2 LP</i>	Date: <i>08/29/1994</i>	Issued By: <i>L&amp;I</i>

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *08/25/2025*

**Inspection Dates and Department Representative**

08/14/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *58*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *2nd floor* Capacity: *32* Residents Served: *22*

**Hospice**

Current Residents: *12*

**Number of Residents Who:**

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>57</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>j3</i>
Have Mobility Need: <i>27</i>	Have Physical Disability: <i>1</i>

**Inspections / Reviews**

08/14/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/22/2025*

Inspections / Reviews *(continued)*

09/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/13/2025

10/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

**1. 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] and resident [REDACTED] were both residents in the secure dementia care unit, and they shared a room. Resident [REDACTED] moved to the facility on [REDACTED]. On the morning of [REDACTED], staff were providing incontinence care to resident [REDACTED] when [REDACTED] became agitated. Staff left [REDACTED] in the room to let [REDACTED] calm down before they completed the task. Several minutes later, staff returned to the room after they heard the residents yelling. At that time resident [REDACTED] reported resident [REDACTED] struck [REDACTED] in the head and legs. Staff observed a red mark above resident [REDACTED] right eye and scrapes on [REDACTED] legs.

**Plan of Correction**

Accept [REDACTED] - 09/22/2025)

- On 8/1/25 at 5:38 a.m. staff immediately moved Resident [REDACTED] to safe area of SDCU and notified LPN PCHA. Staff instructed to maintain Resident [REDACTED] in [REDACTED] room as safety measure while notifying family and dispatching 911 for Resident [REDACTED] transfer to ACMH ER for evaluation. Two onsite managers assisted in SDCU to maintain safe environment while LPN PCHA initiated 302 petition with Butler County Crisis Center for Community Resources for Resident [REDACTED]. Staff instructed to notify spouse/POA Resident [REDACTED] of incident and 302 petition. 302 warrant approved by 7:00 AM. Resident [REDACTED] transferred to BMH ER with warrant upheld by 11:51 AM. Resident [REDACTED] returned to facility with no new orders by 10:10 AM. Oral report to Butler County AAA PSS at 10:49 AM, written report submitted at 11:10 AM. Oral report to DHS Northwest Regional Office at 11:10 AM followed by Initial Incident Report submission at 7:05 PM. Resident [REDACTED] seen by PCP and PBS Mental Health for follow-up with no new orders or negative outcomes. Resident [REDACTED] deemed nursing facility clinically eligible.
- DCS will be educated on regulation 2600.42(b) by LPN PCHA and LPN RSD by September 26, 2025. Documentation will be kept.
- By 9/26/25 LPN PCHA and LPN RSD will conduct a behavioral status review of all SDCU Residents to ensure compliance with regulation 2600.42(b). Documentation will be kept. Beginning October 2025 audit results will be reviewed during the monthly QA/QI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 10/03/2025)