Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11953416 | A. BUILDING: _____ B. WING _____ | 06/29/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MAGNOLIA MANOR INC. | 926 S. MYRTLE AVENUE CLEARWATER, FL 33756 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| A 000 | Initial Comments<br><br>A complaint investigation (#2022005220 was conducted at Magnolia Manor INC Assisted Living Facility on . Deficiencies were identified at the time of survey. | A 000 | | |
| A 011 SS=D | 59A-36.006(5) FAC Admissions - Discharge<br><br>(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or health care practitioner, the resident must be discharged in accordance with Section 429.28, F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, interview and policy review, the facility failed to provide a 45-day notice prior to discharge for 1 (Resident # 1) of 1 sampled resident.<br><br>Findings included:<br><br>A review of Resident #1's medical record, conducted on , revealed he was admitted to the facility on with diagnosis that included .<br><br>A further review of Resident #1's medical record revealed he was sent to a local hospital emergency room on with a chief complaint of injury.<br><br>A review of the facility's Admission/Discharge Log revealed the following entry:<br><br>Resident # 1<br>Date of Discharge :<br>Reason for Discharge: Choice | A 011 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| A 011 | Continued From page 1<br><br>Place Discharge to: Local Hospital<br><br>A review of the facility's " Resident Bill of Rights" policy revealed: " Assisted Living Bill of Rights: Every assisted living facility resident shall have the right to at least 45 days' notice of relocation or termination of resident from the facility ..."<br><br>An additional review of Resident #1's medical chart conducted on revealed no evidence of a 45-day discharge notice, no documentation of a pattern of conduct that was harmful or offensive or a physician order for the resident to relocate to a more skilled level of care.<br><br>These findings were reviewed with the Staff A during an interview on at 12:39 PM. During this interview Staff A stated, " Yes, I know all about this. He kept taking his out and had all over the building. They called me in I told him that he needed to stop. He did but when I left, he did it again and called for an ambulance. They came and took him to [local hospital] Emergency Room. When they called saying that they were ready from him to return I said No. I told them I couldn't take him. They accuse me of dumping, and I told them I wasn't dumping but using my common sense. He needed to go somewhere that was better suited for him ... That's not dumping that's common sense. No, I did not give him a 45-day notice and he didn't return. I have no idea where he is at."<br><br>Class III | A 011 | | |