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 |
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| | AL11970422 | A. BUILDING: _____ B. WING _____ | R 12/22/2025 |

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| {A 000} | Initial Comments<br><br>A revisit to a complaint investigation (#2025016052) was conducted at Magnolia ALF on . The facility had deficiencies identified at the time of the survey. | {A 000} | | |
| {A 025} SS=I | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of | {A 025} | | |

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| {A 025} | Continued From page 1<br><br>resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to ensure staffing to provide daily observation of the activities of the resident while on the premises or an awareness of the general health, safety, and physical well-being of the residents for four (Resident #15, Resident #18, Resident#19 and Resident #23) of twenty-nine residents who placed all residents at risk due to unsafe smoking practices inside the facility; and based on interview and record review the facility failed to maintain awareness of the general health, safety, and physical and emotional well-being | {A 025} | | |

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| {A 025} | Continued From page 2 | {A 025} | | |

appropriate to the needs of residents accepted for admission for two (Resident #23 and Resident #25) who eloped . This lack of staffing oversight led to multiple incidents that required law enforcement assistance and placed all residents at risk for harm.

Findings included:

In an interview conducted on at 1:09 p.m. a local law enforcement official said that the law enforceemt call log showed law enforcement had responded to calls for service or fire/medical assist calls sixty-five times between and .

A record review of local law enforcement reports revealed the following:
Law enforcement calls to the facility between and included:
- three calls for adult
- eight calls for crisis assessment/evaluation
- three battery complaints
- one criminal mischief
- one missing person
- one violation.
- 48 calls to assist with fire or emergency medical personnel

A record review of the facility adverse incident reports conducted on revealed the following:

- Resident #7 was found with an unknown substance at the local library on and taken to the hospital by emergency medical services. Corrective action listed told Resident #7

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| {A 025} | Continued From page 3<br><br>to stop using unknown substances and to be more responsible.<br>- Resident #15 threw a cell phone at the computer on the front entry desk and was after being aggressive with the law enforcement officer. On Resident #15 was found smoking in Resident #15's room.<br>- Resident #18 was found smoking an unknown substance in the bathroom on . Local law enforcement was called.<br>- Resident #23 eloped on /025.<br>- Resident #18 set off the fire alarm on due to smoking "illegal drugs off of foil and a straw."<br>- Resident #18 was caught by a Medication Technician smoking an unknown substance in Resident #18's room using a clear pipe. Law enforcement was notified and tested the substance and reported it was positive for Resident #18 was .<br>- Resident #10 and Resident #11 got into a physical altercation and law enforcement was called on . The communication log revealed Resident #11 was at 10:23 p.m.<br>- Resident #25 was outside a stranger's house at unknown location and said he was threatening to harm themselves, so law enforcement provided crisis intervention for assessment.<br><br>A record review of the facility's internal incident report conducted on revealed the following:<br><br>- Resident #13 ran out of the facility without clothing and had to be redirected to the facility. The report noted 15-minute elopement checks to be done. The communication log dated said Resident #13 left the facility | {A 025} | | |

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| {A 025} | Continued From page 4<br><br>without clothing to go to someone's house and staff picked him up and on Resident #13 ran out of the facility without clothing and was picked up about a half a mile from the facility by staff.<br>- Resident #9 attempted to enter Resident #16's room on and and when redirected Resident #9 got verbally . The report noted this was an ongoing issue that needed to be addressed.<br>- Resident #19 was smoking in Resident #19's bathroom out of a black pipe on and .<br>- Resident #20 was observed smoking crack off tin foil on .<br>- Resident #27 was caught smoking in the bathroom with two unnamed residents out of a black pipe on .<br>- Resident # 18 had drugs in the bathroom in progress to smoke on and refused when staff tried to take it away. The communication log revealed Resident #18 was detained by law enforcement on t for blowing pipe smoke into an law enforcement officer's . The communication log reported Resident #18 smoked crack in the room and staff confirmed.<br>- Resident #28 was screaming and yelling on and and law enforcement was contacted to provide crisis assessment/evaluation.<br>- Resident #23 was caught smoking in Resident #23's room on .<br>- Resident #19 was smoking a suspected illegal substance in Resident #19's bathroom on .<br>- Resident #21 pulled the fire alarm because Resident #21 felt their food was being , on . | {A 025} | | |

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| {A 025} | Continued From page 5<br><br>- Resident #29 wanted to harm themselves, so law enforcement was contacted to provide crisis assessment/evaluation.<br>- Resident #9 was aggressive with Staff E and law enforcement were called. Video evidence was reviewed.<br><br>An observation conducted on from 3:00 p.m. to 4:00 p.m. revealed Staff C was upset because Resident #9 had hit them. Resident #9 was by law enforcement for asssaulting Staff C at approximately 3:30 p.m. on .<br><br>A record review of the facility's schedule conducted on revealed 368 direct care staff hours for the week of to for 45 limited mental health residents with multiple incidents per day. Staff C was the only staff listed on 11:00 p.m.-7:00 a.m. shift on . Staff D was the only staff listed on 11:00 p.m.-7:00 a.m. shift on and .<br><br>During an interview on at 4:30 p.m. the Resident Care Director said Resident #18 was given a 45-day notice of termination and Resident #11 went to jail on . The Resident Care Director said there was no policy on drugs in the facility and the Owner was to get an attorney to have a policy written. Additionally, The Resident Care Director said the facility needed to implement better behavior tracking and would work to transfer four residents that were not appropriate for facility. Furthermore, the Resident Care Director said there were budget limits, and no staff were able to be hired as needed.<br><br>Photographic evidence obtained. | {A 025} | | |

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| {A 025} | Continued From page 6<br>Class II | {A 025} | | |
| {A 152} SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and | {A 152} | | |

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| {A 152} | Continued From page 7<br><br>personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be<br>.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to ensure all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order that affected 45 of 45 residents.<br><br>Findings included:<br><br>An observation on at 9:30 a.m. revealed one of the double paned windows to the medication room was shattered and covered with a piece of brown cardboard.<br><br>An interview on at 12:33 p.m.the Resident Care Coordinator stated Resident #14 broke the medication room window wanting cigarettes and the facility had placed cardboard up and ordered a locked medication cart that was not in yet.<br><br>A record review was conducted of the local fire inspector report dated noted "Get permit for mag locks. Listing for UL. If this isn't able to happen mag locks will be removed in ten days from today on " (Photographic evidence obtained).<br><br>During an interview on at 3:30 p.m. the local Fire Chief stated the mag locks needed to be taken down and the UL listing for the mag locks need to be given. The local fire department needed | {A 152} | | |

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| {A 152} | Continued From page 8<br><br>this action so the mag lock system could then be approved for the facility. The Surveyor asked if the requested information had been provided to the local Fire Department and the Fire Chief replied "not yet".<br><br>During an interview on at 3:35 p.m. the Assistant Fire Chief stated the Fire Department cannot finalize the repair to the kitchen fire hood (exhaust fan) or the mag lock system until the facility provided the requested information.<br><br>A record review of a local fire inspection report dated noted the exhaust fan in the kitchen was not in compliance.<br><br>During an interview on at 12:00 p.m. the Resident Care Coordinator and was asked to provide a reinspection report regarding the exhaust fan in the kitchen but no report was available for review.<br><br>Class III | {A 152} | | |
| {A 162} SS=D | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. ,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance , | {A 162} | | |

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| {A 162} | Continued From page 9<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable.<br>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.<br>(f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ⌄ not be taken.<br>(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. | {A 162} | | |

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| {A 162} | Continued From page 10 | {A 162} | | |

(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.
(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C.
(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S.
(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S.
(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , { }, CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.
(m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006,

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| {A 162} | Continued From page 11<br><br>F.A.C.<br>(o) The resident's , DH Form 1896, if applicable.<br>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement.<br>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.<br>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review the facility failed to maintain a completed copy of the Agency for Healthcare Administration Resident Health Assessment (1823) for one (Resident #1) of eight sampled residents<br><br>Findings included:<br><br>A record review for Resident #1, conducted on , revealed no 1823 in Resident #1's chart. | {A 162} | | |

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| {A 162} | Continued From page 12<br><br>During an interview on at 3:46 p.m. the Resident Care Coordinator said Resident #1's 1823 was not in the Resident #1's chart and every resident should have an 1823. The Resident Care Coordinator said the facility would have the physician update the assessments in the facility.<br><br>Class III | {A 162} | | |