STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953416	12/02/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Magnolia Manor Inc.	926 S. Myrtle Avenue Clearwater, FL 34616	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted on , in conjunction with a complaint survey, CCR# 2013011333.

The Magnolia Manor, assisted living facility, had deficiencies at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview the facility failed to ensure they provided an ongoing activities program. The facility did not have available ongoing scheduled activities available at least six (6) days a week for a total of not less than twelve (12) hours per week.

Findings include:

Observation during the tour of the facility on at approximately 9:20 a.m. revealed the activities calendar was not posted in an area for the residents to review.
During resident interviews it was stated that the facility has a entertainer or a music program every other Monday and Wednesday. That is the only scheduled activity each week.

During an interview with the facility manager on at approximately 1:00 p.m. she stated it was difficult to get all the residents to attend an activity so she schedules them on a few days of the week. The facility manager stated she did not have a activity director but she is looking to hire one.

The facility does not give the residents an opportunity to discuss what activities they would like to have on the calendar.

Class III

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0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview, the facility manager failed to have documentation of taking the assisted living facility required CORE training within three months from the date of becoming the facility manager.

Findings include:

Record review on of staff #D's personnel record revealed she was hired on as the facility manger. There was no documentation of taking the required CORE training for managers in an assisted livifng facility.

When interviewed on at 11:00 a.m., staff #D stated she had not taken the required assisted living facility CORE training.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to provide training regarding recognizing/reporting , neglect & and nutritional & safe food handling for two of four (staff #A and staff #B) sampled direct care staff.

Findings include:

Record review on of staff #A, hired on , personnel record revealed there was no documentation to confirm staff #A had been trained in recognizing/reporting , neglect & and nutritional & safe food handling .

Record review on of staff #B, hired on , personnel record revealed there was no documentation to confirm staff #B had been trained in recognizing/reporting , neglect & and nutritional & safe food handling.

When interviewed on at 10:45 a.m., the manager stated there was no documentation in the staff files to show the trainings had been done.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview the facility failed to ensure the facility followed the menu planned and signed by the licensed dietician and snacks were not available on a daily basis for the residents without access to the kitchen..

Findings include:

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During observation of the noon meal on at approximately 12:15 p.m., all the residents were served a glass of water. The residents were not offered any other type of beverage.

The residents stated it was all that was available for them to drink every day at lunch and dinner. The residents stated if they asked for another type of drink they were refused.

An interview with the facility manager on at approximately 12:20 p.m. she stated the residents are given water at lunch and dinner to help prevent the residents from getting . The manager stated it was difficult to get the residents to drink water on their own so she decided to provide water only during the lunch and dinner meal.

The menu did not state the type of beverage to be served at each meal but there were beverage suggestions at the bottom of the menu which were water, milk, coffee, tea, or juice.

When interviewed on at 12:30 p.m., the facility manager stated snacks are only offered on Monday, Wednesday and Friday. She said the residents were eating too much sugar so she decided to have only three snacks per week. Snacks must be served daily if the residents do not have access to the kitchen.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based upon record review and interview, the facility did not have documentation of two of four sampled staff (staff #A and staff #D) completing a Level II background screening prior to providing care to residents. Failure to ensure residents receive care and services safely, securely and from persons have not committed offenses that preclude them from employment directly placed the residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services.

Findings include:

Record review on of staff #A's personnel file revealed she was hired on / as direct care staff and she did not have a level II background screening completed stating she was eligible for hire. Staff #A must have a level II background screening completed because she was hired after / .

Record review on of staff #D's personnel file revealed she was hired on as the facility manager and she did not have a level II background screening completed stating she was eligible for hire. Staff #D must have a level II screening done upon hire because she was hired after / .

When interviewed on at 10:30 a.m., staff #D verified the background screenings had not been done.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Magnolia Manor Inc.
926 S. Myrtle Avenue
Clearwater, FL 34616

Dear Administrator:

Re: Abbreviated Biennial & **CCR# 2013011333**

This letter reports the findings of an abbreviated biennial state licensure survey with a complaint survey that were conducted on , 2013, by representative(s) of this office.

Attached are the provider's copy of the State (5000-3547) Form, which indicate no deficiencies were identified relative to the complaint survey and the deficiencies that were identified relative to the abbreviated biennial state licensure survey. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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