STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953416	01/09/2014
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)		

Revisit Corrected Tags:

0093-Food Service - Dietary Standards-01/09/2014

Revisit Repeat Tags:

0026-Resident Care - Social & Leisure Activities-58a-5.0182(2) Fac
0080-Training - Core & Competency Test-58a-5.0191(1) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac
Z815-Background Screening; Prohibited Offenses-408.809, 435.02(2), 435.06

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A revisit was conducted on to a biennial state licensure survey of .

Magnolia Manor Inc., assisted living facility, had uncorrected 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 there was a scheduled activity available at least six (6) days a week for a total of not less than twelve (12) hours per week posted for the resident to view.

Findings include:

During a revisit on , a tour of the facility was conducted. The facility did not have an activities calendar posted in an area for the residents to review.
During an interview with the facility manager on at approximately 1:00 p.m. she stated the office supply did not have the correct type of calendar available to buy and were expecting a shipment in. The store would contact the facility when the shipment arrived. The manager stated she had begun a walking activity every morning when the weather was nice but did not have it posted.

Class III

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

Based interview, the facility manager failed to have completed the required assisted living facility CORE training.

Findings include:

The facility's manager who was hired on did not have the required CORE Training at the time of the revisit.
During an interview conducted on the manager stated she had signed up to begin the classes on

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. The manager stated it was the first class available for her to attend.

Class III

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

Based on interview, the facility failed to ensure staff A and B had completed the required training regarding recognizing/reporting , neglect & and nutritional & safe food handling for two of four before the revisit.

Findings include:

An interview with the facility manager on 14 at 1:00p.m. revealed all the staff were going to receive the required training on and . The manager stated she had a nurse who was coming to the facility to train everyone. The manager also planned to have the dietitian train the employee even thought she had received her two hour training and could provide the1 hour safe food handling. The manager stated she had hoped to have everything completed before the revisit.

Class III

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

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

Based upon interview, the facility did not have documentation for staff A and D completing a Level II background screening prior to providing care to residents.

Findings include:

During the revisit conducted on the facility's manager stated she had not had the level two background screening completed for the employee A and employee D. The manager stated she she had an appointment to be fingerprinted and employee A's result had not come back yet. The manager stated it would all be completed by the next state visit.

Unclassed

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure revisit survey that was conducted on ', 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. 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,

Paul M Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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