STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968110	12/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Magdolna Home Care Inc	372 Sw Todd Ave Port Saint Lucie, FL 34983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision
0026-Resident Care - Social & Leisure Activities-
0030-Resident Care - Rights & Facility Procedures
0032-Resident Care - Elopement Standards-
0160-Records - Facility-1
0165-Risk Mgmt & Qa; Adverse Incident Report-1

Revisit Repeat Tags:
0000-Initial Comments-
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0054-Medication - Records-58a-5.0185(5) Fac
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac
0079-Staffing Standards - Levels-58a-5.019(4) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac
0086-Training - Adrd-58a-5.0191(9) Fac

Revisit New Tags:
0058-Pharmacy & Dietary; Uncorrected Deficiencies-429.42 Fs; 58a-5.033 Fac

Specific Tag Findings:

0000-Initial Comments

An onsite unannounced Revisit to CCR#2013001966 was conducted on 12/04/2013. Magdolna Home Care had uncorrected licensure deficiencies identified at the time of this visit.

Note: There were 3 other inspections conducted at the time of this visit: A Complaint Inspection (CCR#2013009200); A Relicensure Inspection; and a 2nd Revisit Inspection to CCR# 2012011857. Please refer to separate reports for complete details.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, it was determined this facility failed to correct this previously identified deficient practice related to ensuring a medical examination was completed within 60 calendar days prior to the individual's admission to the facility or completed within 30 calendar days of the admission date, for 1 of 2 sampled resident records reviewed (Resident #4).

The findings include:

During resident record review and interview with the Administrator, conducted on beginning at approximately 3:00 PM; Resident #4's health assessment/medical examination was reviewed. This resident's residency agreement and demographic sheet noted his admission date as The health assessment/medical examination noted diagnosis as Resident #4' health assessment/medical

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examination had not been dated by the DO (Doctor of Osteopathy). The date section noted "n/a". The height; weight; and freedom from communicable statement had not been completed. The Administrator acknowledged that the DO did not indicate the date that this document was completed and that the above noted areas were not completed. She also acknowledged this was not identified when this health assessment/medical examination was submitted for review. The Administrator was asked why page 5 of this document, that is completed by her, was dated and the resident was admitted on She could not provide an explanation. She did acknowledge that she routinely completes page 5 after the health assessment/medical examination has been completed by the health care professional (in this case the DO).

Class III
This is an uncorrected deficiency.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interview, and record review it was determined this facility failed to correct previously identified deficient practice related to the provision of PRN (as needed) medications to a resident that is not oriented for 1 of 6 residents observed (Resident #6) and crushing medications for this resident without a physician's order. In addition, the facility failed to ensure that the staff providing assistance with the self-administration of medications utilized appropriate techniques (specifically related to hand washing/sanitizing; identifying the medications to the residents; and initialing the Medication Observation Record appropriately) for 6 of 6 residents (Residents #1, #2, #3, #4, #5, and #6).

The findings include:

1) During medication observation conducted with Employee B (an unlicensed staff), on beginning at approximately 10:02 AM, this staff member crushed the following medications for Resident #6 and placed in applesauce:
a) 0.5mg every 4 hours as needed for restlessness
b) 5-500mg every 6 hours as needed for pain

Employee B prepared the medications prior to asking this resident if she was in pain. When Employee B entered this resident's she did proceed to ask this resident if she was in pain. This resident was not able to provide a coherent response. Her speech was unintelligible and she was intermittently laughing and moaning. Employee B had also brought in this resident's breakfast of pureed oatmeal and pureed peaches. This employee proceeded to provide this resident with the above noted medications that were prescribed as needed. She was asked how she determines if this resident is in pain or restless and how she determines this resident is to receive these medications. She stated that she usually calls the hospice nurse and describes what behaviors this resident is exhibiting and then the hospice nurse will instruct her to give this resident the above noted medications. She was asked if she had contacted the hospice nurse prior to providing this resident these medications this morning. She acknowledged that she had not. She was asked to provide documentation from the physician (i.e. a physician's order) to crush Resident #6's medications. Employee B stated the facility did not have an order to crush this resident's medications and that she was not aware of this requirement.

During interview with the hospice nurse, conducted on beginning at approximately 12:00 PM, she was asked if this resident had the ability to express if she was in pain or felt restless. The hospice nurse replied that this resident could not independently verbalize if she was in pain or felt restless and that this resident would

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not be able to ask for those medications on her own. The hospice nurse stated that this resident could possibly answer yes or no if asked if she was in pain, but that it may not be a reliable response due to this resident's status.

Review of this resident's health assessment, dated reflected and behavioral status as "alert to name, isoriented".

2) During medication observation conducted with Employee B (an unlicensed staff), on beginning at approximately 9:30 AM, she was observed providing the following residents with their medications without washing/sanitizing hands prior to the provision of medications or in between resident contact; without indicating what medication or type of medication is being provided; and initialing the MOR (Medication Observation Record) prior to the provision of each medication:
Resident #1
Resident #2
Resident #3
Resident #4
Resident #5
Resident #6

During subsequent interview with Employee B and the Administrator, conducted on beginning at approximately 4:00 PM, the above noted concerns were reviewed. Employee B stated she was not aware of the need to wash/sanitize hands if she wore gloves. She acknowledged that she wore the same gloves for over 1 hour and during the entire medication observation. She acknowledged that she failed to indicate what medications were being provided to the residents. She also acknowledged that she initialed the MOR prior to each resident consuming their medications (please see A0054 for additional details).

Class III
This is an uncorrected deficiency.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview and record review, it was determined this facility failed to ensure each resident's MOR (Medication Observation Record) was updated each time the medication is offered, for 2 of 6 sampled residents (Resident #4 & Resident #6).

1) During observation of Employee B (an unlicensed staff) providing assistance with medications for Resident #4, conducted on beginning at approximately 9:40 AM; she was observed to place this resident's and in to a container and provide this container to Resident #4. She was also observed to have initialed the MOR (Medication Observation Record) prior to Resident #4 consuming this medication. Resident #4 refused to take this medication and stated that he had already been given those medications this morning. Employee B asked Employee A if she had provided Resident #4 with these medications. Employee A replied that she had given him those medications at approximately 6:30 AM. She stated she must have forgotten to initial the MOR at that time.

2) During review of the following residents MORs (Medication Observation Records) and interview with the

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Administrator, conducted on beginning at approximately 3:40 PM; she was provided the opportunity to locate MORs and the controlled substance records that matched for this month of 2013. She was unable to locate documentation that matched. She acknowledged that the MOR is to match the controlled substance record and that this facility had previously been cited for this deficient practice.

Review of Resident #4's 2013 MOR reflected this resident is to receive the following medications (controlled substances):

a) ER 30mg x3 (90mg) twice daily (8:00 AM & 8:00 PM): The 2013 MOR indicated that this medication was provided on (8:00 AM & 8:00 PM) & the controlled substance record indicated the last dose of this medication was provided on at 8:00 PM. The Administrator acknowledged that there were no controlled substance records available for review for 2013 for this medication.

b)Lora 0.5mg to be provided every hours as needed for . The 2013 MOR indicated this medication was provided 2 times daily - & the controlled substance record indicated the last dose of this medication was provided on at 9:10 AM. The Administrator acknowledged that there were no additional controlled substance records available for review for 2013 for this medication

Review of Resident #6's 2013 MOR reflected this resident is to receive the following medications (controlled substances):

a) 5-500mg every 6 hours as needed for pain. The 2013 MOR indicated this medication was provided 1 time daily - & the controlled substance record indicated the last dose of this medication was provided on at 9:00 AM. The Administrator acknowledged that there were no additional controlled substance records available for 2013 for this medication.

b) 0.5mg every 6 hours as needed for restlessness. The 2013 MOR indicated this medication was provided 1 time daily and & the controlled substance record indicated the last dose of this medication was provided on at 3:15 PM. The Administrator acknowledged that there were no additional controlled substance records available for 2013 for this medication.

Class III
This is an uncorrected deficiency.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview and record review, it was determined the facility failed to ensure that each resident receiving "as needed" medications had clarification by a physician including the circumstances under which it would be appropriate for the resident to request the medication, for 1 of 6 residents reviewed (Resident #6).

The findings include:

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During medication observation conducted with Employee B (an unlicensed staff), on beginning at approximately 10:02 AM, this staff member crushed the following medications for Resident #6 and placed in applesauce:

a) 0.5mg every 4 hours as needed for restlessness.
b) 5-500mg every 6 hours as needed for pain.

Employee B prepared the medications prior to asking this resident if she was in pain. When Employee B entered this resident's did proceed to ask this resident if she was in pain. This resident was not able to provide a coherent response. Her speech was unintelligible and she was intermittently laughing and moaning. Employee B had also brought in this residents breakfast of pureed oatmeal and pureed peaches. This employee proceeded to provide this resident with the above noted medications that were prescribed as needed. She was asked how she determines if this resident is in pain or restless and how she determines this resident is to receive these medications. She stated that she usually calls the hospice nurse and describes what behaviors this resident is exhibiting and then the hospice nurse will instruct her to give this resident the above noted medications. She was asked if she had contacted the hospice nurse prior to providing this resident these medications this morning. She acknowledged that she had not.

During interview with the hospice nurse, conducted on beginning at approximately 12:00 PM, she was asked if this resident had the ability to express if she was in pain or felt restless. The hospice nurse replied that this resident could not independently verbalize if she was in pain or felt restless and that this resident would not be able to ask for those medications on her own. The hospice nurse stated that this resident could possibly answer yes or no if asked if she was in pain, but that it may not be a reliable response due to this resident's status.

Review of this resident's health assessment, dated reflected and behavioral status as "alert to name, isoriented".

Class III
This is an uncorrected deficiency.

0058-Pharmacy & Dietary; Uncorrected Deficiencies 429.42 FS; 58A-5.033 FAC
Based on record review, observation and interview, it was determined that this facility has uncorrected class III deficiencies regarding medicinal drugs (use and delivery).

The findings include:

It has been determined that the facility must employ the consultant services of a licensed pharmacist to provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

Please refer to A052; A054; and A056 for complete details regarding non-compliance.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

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Based on interview and record review, it was determined the facility did not maintain documentation of completion of for direct care employee that is alone in the facility with residents, for 1 of 4 employee records reviewed (Employee A).

The findings include:

During interview with Employee B, conducted on beginning at approximately 8:45 AM, she provided all employee files for review. She stated that Employee A is a live-in direct care staff member. She acknowledged that Employee A is usually the only staff member on duty from 8:00 PM - 8:00 AM.

During interview and record review conducted with Employee B and the Administrator, on beginning at approximately 1:30 PM, Employee A's entire personnel record was reviewed. Documentation of completion of a current course was not located at this time. A copy of a card that had expired effective was on file. Employee B stated she knows Employee A had taken this course recently as they took it together. Employee B and the Administrator were provided the opportunity to locate a current card for Employee A. They were unable to do so.

Class III
This is an uncorrected deficiency.

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

Based on interview and record review, it was determined the facility continues to fail to ensure that each direct care employee receives the required training within 30 days of employment, for 1 of 3 employee files reviewed (Employee C).

The findings include:

During interview and employee record review with Employee B and the Administrator, conducted on beginning at approximately 1:30 PM, Employee C (direct care staff) was noted to have a date of hire as The training certificates were dated as follows (and were not conducted within 30 days of employment per regulatory requirement):

a) Reporting Major Incidents:
b) Reporting Adverse Incidents:
c) Emergency Procedures and Evacuation:
d) Resident Rights in an Assisted Living Facility:
e) Recognizing and Reporting Resident Neglect, and
f) Safe Food Handling Practices: no documentation of training on file
g) Elopement Response Policies & Procedures:

During this same interview with Employee B and the Administrator, they acknowledged that Employee C had no documentation to reflect training in Safe Food Handling Practices. They also acknowledged that she prepares meals for residents during her scheduled shifts.

Class III

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This is an uncorrected deficiency.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on interview and record review it was determined the facility continued to fail to maintain documentation of training for unlicensed persons who provide assistance with self-administration of medications for 1 of 3 employee files reviewed (Employee A).

The finding include:

During employee record review conducted with Employee B and the Administrator, on [redacted] beginning at 1:30 PM, they were provided the opportunity to locate the initial 4 hour medication assistance training for Employee A (direct care staff member that provides assistance with self-administration of medications). They were unable to locate this required documentation.

Please see A054 related to Employee A providing assistance with self-administration of controlled substances without initialing the MOR after providing this assistance on [redacted]

Class III
This is an uncorrected deficiency.

0086-Training - ADRD 58A-5.0191(9) FAC

Based on interview and record review, it was determined this facility (that provides special care for persons with ADRD and maintains a secured facility) continues to fail to ensure all direct care staff that has regular contact with residents receives the Level II ADRD training within 9 months of hire, for 1 of 3 employee files reviewed (Employee A).

The findings include:

During interview and employee file review conducted with Employee B and the Administrator, on [redacted] beginning at approximately 1:30 PM. They were provided the opportunity to locate the required 4 hour Level II ADRD training within 9 months of hire for Employee A (date of hire noted as [redacted] 2012). The Administrator acknowledged that documentation of this training could not be located. She stated that no further documentation was available for review.

Class III
This is an uncorrected deficiency.

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Please see A054 related to Employee A providing assistance with self-administration of controlled substances without initialing the MOR after providing this assistance on [redacted].

Class III
This is an uncorrected deficiency.

0086-Training - ADRD 58A-5.0191(9) FAC

Based on interview and record review, it was determined this facility (that provides special care for persons with ADRD and maintains a secured facility) continues to fail to ensure all direct care staff that has regular contact with residents receives the Level II ADRD training within 9 months of hire, for 1 of 3 employee files reviewed (Employee A).

The findings include:

During interview and employee file review conducted with Employee B and the Administrator, on [redacted] beginning at approximately 1:30 PM. They were provided the opportunity to locate the required 4 hour Level II ADRD training within 9 months of hire for Employee A (date of hire noted as [redacted] 2012). The Administrator acknowledged that documentation of this training could not be located. She stated that no further documentation was available for review.

Class III
This is an uncorrected deficiency.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Magdolna Home Care Inc
372 SW Todd Ave
Port Saint Lucie, FL 34983

RE: CCR #2013001966 Revisit Survey

Dear Administrator:

This letter reports the findings of a complaint revisit survey conducted on 4, 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2014.**

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. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924