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)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An onsite unannounced Relicensure survey was conducted on Magdolna Home Care had licensure deficiencies found 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 Revisit to CCR# 2013001966; and a 2nd Revisit Inspection to CCR# 2012011857. Please refer to separate reports for complete details.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interview and record review, it was determined this facility utilized a physical full side rails), for 1 of 6 residents (Resident #6).

The findings include:

During observation of Resident #6, conducted on beginning at approximately 8:15 AM - 3:45 PM, this resident was observed to remain in bed with full side rails in the up position.

During record review and interview with the Administrator and Employee B, conducted on beginning at approximately 12:15 PM, they acknowledged Resident #6 did not have a physician's order for the use of any type of side rail. Employee B stated the full side rails came with the hospital bed that hospice had provided for this resident. She acknowledged that the facility does keep these full side rails in the up position when this resident is in bed. The Administrator stated, this resident "does not get agitated" and does not need them. She stated they could "get rid of them". The Administrator and Employee B stated, they did not realize a physician's order was required for the use of side rails and that full side rails were considered a

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview it was determined the facility failed to ensure that each employee had submitted a statement from a health care provider, based on an examination within the last 6 months, that the employee does not have any signs or symptoms of a communicable [illegible] including [illegible] for 2 of 3 sampled employee records reviewed (Employee A and Employee B) at the time these employees were hired. In addition, 1 of 3 employee files reviewed (Employee B) did not contain documentation on an annual basis that the employee was free from [illegible]

The findings include:

During employee record review conducted with the Administrator and Employee B, on [illegible] beginning at approximately 1:30 PM, the following employees did not have documentation on file that based on an examination from a health care provider in the past 6 months (prior to date of hire) that these employees did not have signs or symptoms of a communicable [illegible] including [illegible]

Employee A (date of hire noted as [illegible] 2012): examination was dated [illegible] which was 14 months prior to date of hire.

Employee B (date of hire noted as [illegible] did not have any documentation of a physical examination on file indicating this employee was free from communicable [illegible] including [illegible]

The Administrator acknowledged that Employee A (live in staff member) did not have the required documentation within 6 months of hire and that Employee B (Certified Nursing Assistant that works 8:00 AM - 8:00 PM Monday through Friday and every other weekend) did not have any documentation of a physical examination on file. She stated they were both scheduled for physical examinations this week.

Class III

0082-Training - [illegible] 58A-5.0191(3) FAC
Based on record review and interview, it was determined the facility failed to ensure that each direct care staff member received training related to [illegible] and [illegible] within 30 days of employment, for 1 of 3 sampled employee files reviewed (Employee C).

The findings include:

During employee record review and interview conducted with the Administrator and Employee B, on [illegible] beginning at approximately 1:30 PM; they were provided the opportunity to locate documentation that reflected Employee C (date of hire noted as [illegible] had received training

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related to and within 30 days of employment. They were unable to locate this required documentation. They acknowledged that Employee C is the caregiver that works some weekend shifts.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation, interview and record review, it was determined the facility failed to provide 1 of 6 sampled residents (Resident #6) with the diet that was prescribed by their health care provider.

The findings include:

During meal observation conducted with Resident #6, on beginning at approximately 10:02 AM; Employee B was noted to provide this resident with a breakfast consisting of a large bowl of oatmeal and a small bowl of pureed peaches. Employee B fed Resident #6 this meal.

During subsequent record review and interview with Employee B and the Administrator, conducted on beginning at approximately 12:15 PM, Resident #6's health assessment (dated was reviewed. They acknowledged this health assessment noted this resident is to receive a regular consistency diet. They were asked why Resident #6 was provided with a puree consistency diet. Employee B stated it was because the hospice nurse instructed them to puree this resident's food. The Administrator and Employee B acknowledged that a physician's order to change Resident #6's diet consistency from regular to puree had not been obtained.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interview and record review, it was determined this facility failed to maintain a record of food substitutions on file for 6 months.

The findings include:

1) During observation of the breakfast meal, conducted on beginning at approximately 9:00 AM, the residents of this facility were served eggs, sausage, and toast. The weekly cycle menu indicated cereal, waffles, and 1 slice of bacon was to be provided. The wipe-off board in the kitchen noted the eggs, sausage, and toast. During review of the menu with the Administrator and Employee B, conducted on beginning at approximately 11:00 AM, they were asked to provide for review their record of menu substitutions. They both indicated that they do not maintain record of any substitutions and that they just write on the wipe off board what is going to be served prior to the meal. The Administrator stated she was not aware of the requirement to maintain a record for 6

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months of the menu substitutions that the facility has made.

Class III

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: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2013 by a representative 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 after , **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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