STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968151	03/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Magnolia Manor Assisted Living Inc	**17420 Old Tobacco Road Lutz, FL 33558**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014002874, was conducted on .

The Magnolia Manor Assisted Living had deficiencies at the time of the visit.

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

Based on record review, observation and interview, the facility was not regularly adhering to its regular and therapeutic menus that had been formally reviewed and approved by a registered dietician, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietician or licensed dietitian/nutritionist, to ensure the meals are commensurate with nutritional standards.

Findings include:

Review of the posted menu for lunch found the following: meatloaf; mashed potatoes; cauliflower; cornbread. However, the lunch item on the approved menu stated: chicken; scalloped potatoes; spinach; rolls/margarine. The posted lunch item was: chicken cordon bleu; parmesan noodles; mixed vegetables; rolls,while the approved menu indicated: beef; salad; garlic bread/margarine; rice; mixed vegetables. Observation of the lunch meal at approximately 12 noon on revealed chicken cordon bleu and parmesan noodles being prepared/served.

In an interview with the administrator at approximately 1:45 p.m. on , she stated that "they substituted virtually on a daily basis, otherwise the residents would grow quickly tired of the constant repetition of the food being served. Thus, they are able to use the approved menu as a 'guideline' from which to be creative and come up with a greater variety of items."

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview, the facility had maintained an inconsistent record of major incident reports with respect to three of six residents sampled with said reports completed (#7; 8; 10).

Findings include:

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A resident record review during the investigation revealed that Resident #7 was admitted to the facility / with precautions. An incident report from / stated "found on floor; no injuries." Further review revealed a report indicating "found on floor; no injuries; encourage to push pendant." An incident report from read "peed on and on it; bumped head on the shower bench but seems fine. Steps: encourage resident to page for assistance."

A review of Resident #8's file found an incident report from stating "resident had ; encouraged resident to call for assistance." On , an incident report was completed, indicating "resident had a ; no apparent injury; encouraged resident to call for assistance." This also pertained to a falling incident on . Finally, the resident on , and had to be transported to the local hospital.

Finally, resident record review indicated that Resident #10 was admitted on , requiring precautions. Further review of the record found at least five (5) -related incidents from to --focusing on "encourage resident to push pendant", or "not to get up without assistance" as the steps taken to prevent recurrence. Interview with facility administration at approximately 2:30pm on confirmed that this resident had extreme difficulty retaining directions due to her and also didn't like to "take orders" as a rule. In addition, they confirmed that the primary intervention documented on the incident reports in question--"encourage to press pendant/request staff assistance" was apparently not working.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Magnolia Manor Assisted Living Inc.
17420 Old Tobacco Road
Lutz, FL 33558

Dear Administrator:

Re: **CCR# 2014002874**

This letter reports the findings of a complaint 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161