STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965962	09/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Magnolia Residence	4838 NW 93rd Terrace Sunrise, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Abbreviated Relicensure survey was conducted on [redacted] at Magnolia Residence. The facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review, and interview, the facility failed to follow regulatory guidelines for utilization of physical [redacted], for 1 out of 3 sampled residents' records reviewed (Resident #2).

The Findings Include:

During an observation made on [redacted] at 9:20 AM, it was noted that Resident #2 was lying in bed with 1/2 side rails in the up position. In an interview with Staff A on [redacted] at approximately 9:30 AM, she stated that Resident #2 is incapable of lifting the rails up or down.

Review of Resident #2's record revealed it did not contain a current physician's order for 1/2 side rails. The last order (script) for 1/2 side rails was dated [redacted]. In an interview conducted on [redacted] at 11:14 AM, Resident #2's Home Health nurse stated she was new and did not know that side rails needed a new order annually.

The Administrator acknowledged the findings on [redacted] at 12:45 PM.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interviews, the facility failed to ensure that 3 out of 3 direct care employees (Staff A, B, and C) had documentation of freedom from [redacted] annually.

The Findings Include:

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During personnel review, the records for Staff A (hire date and Staff B and C (hire dates lacked documentation of an annual test. Further review indicated the last physical examination documenting results for Staff A was dated Staff B's record revealed the most current test was completed on Staff C had a test completed on

In an interview conducted on at 10:50 AM, the facility Designee stated that she called the Administrator and he acknowledged he had not sent Staff A to receive a test for this year and had no documentation indicating freedom of During an interview conducted on at 12:27 PM, the Administrator stated that he and Staff B had a test completed last year or the year before.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation and interview, the facility failed to ensure a written work schedule reflecting a 24-hour staffing pattern for a given time period was maintained at all times.

The Findings Include:

During a tour of the facility conducted on beginning at 9:20 AM, no staffing schedule was observed. When one was requested to determine if the facility met the required minimum staffing hours per week, the Designee stated on at approximately 9:35 AM that the Administrator must have failed to post a work schedule. The Designee was not certain what days the Administrator and caregivers worked; therefore, staffing hours could not be ascertained.

In an interview conducted on at 12:45 PM, the Administrator stated since there were only three staff members employed, he did not think to have a written staffing schedule. Therefore, the

Administrator was unable to provide documentation indicating the facility maintained a 24 hour staffing pattern daily.

Class III

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

Based on record review and interview, the facility failed to ensure that all direct care staff members received the required in-service trainings within 30 days of employment, for 2 out of 3 sampled employees' records reviewed (Staff A and B).

The Findings Include:

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Magnolia Residence	**4838 NW 93rd Terrace Sunrise, FL 33351**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of Staff A (hire date and B's (hire date personnel files revealed the records lacked documentation indicating the employees received the required in-service trainings:

1) Staff A, Home Health Aide
a) Resident Rights - 1 hour
b) Recognizing/Reporting Neglect and - 1 hour
Emergency Preparedness and Evacuation Training - 1 hour

2) Staff B, Caregiver
a) ADL (Activities of Daily Living) and Behavioral Needs - 3 hours
b) Incident Report Training - 1 hour
c) Emergency Preparedness and Evacuation Training - 1 hour

In an interview conducted on at 12:45 PM, the Administrator stated some of the trainings were completed but the certificates may have been filed in another folder. The Administrator was not at the facility to locate the certificates. The Administrator nor the Designee at the conclusion of the survey was unable to locate aforementioned trainings.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 3 employees (Staff B) had completed a 4-hour course in assistance with self-administered medications.

The Findings Include:

During personnel record review, Staff B (hire date did not have a certificate indicating she completed a 4-hour initial training course on assistance with self-administered medication and medication management. A certificate of a 2-hour training update on the aforementioned topic was dated

In an interview conducted on at 12:45 PM, the Administrator stated the certificate may have been filed in a different folder. The Administrator was out of town and could not physically look for the certificate. The Administrator confirmed Staff B provides assistance with self-administration to residents residing at the facility.

Class III

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0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to ensure 2 out of 3 personnel records (Staff A and B) included employment applications.

The Findings Include:

During personnel record review, it was noted that Staff A (hire date and B (hire date did not have an employment application in their files.

During an interview conducted on at 12:45 PM, the Administrator stated all employees should have applications and that they were filed somewhere. The personnel files were reviewed again with the facility's Designee , however, the applications could not be located.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Magnolia Residence
4838 NW 93rd Terrace
Sunrise, FL 33351

RE: Abbreviated Survey

Dear Administrator:

This letter reports the findings of an abbreviated state licensure survey that was conducted on , 2014 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 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,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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