STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965270	09/08/2015
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR OF PALM COAST,**	STREET ADDRESS, CITY, STATE, ZIP CODE **35 SANDS LANE** **PALM COAST, FL 32137**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced biennial licensure survey was conducted on . Magnolia Manor had deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

Based on resident record review and interview with the administrator, the facility failed to obtain an updated Resident Health Assessment (Agency for Health Care Administration (AHCA form 1823) for 1 out of 2 sampled residents (Resident #1).

The findings include:

A record review was conducted for Resident #1 which revealed an admission date of . The AHCA Resident Health Assessment form was dated .

An interview was conducted with the Manager at 1:30 PM on . The Manager confirmed there was not an updated Resident Health Assessment and the one on file was dated . A new examination was not conducted within three years of the initial examination.

Class III

0032 Resident Care - Elopement Standards

Based on record review and staff interview the facility failed to provide two elopement drills as required per year.

The findings include:

A record review of elopement drills revealed the last elopement drill was dated , 2014.

An interview was conducted with the Manager at 9:00 AM on in which she confirmed the last documented elopement drill was conducted on , 2014.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0078 Staffing Standards - Staff

Based on employee record review and staff interview, the facility failed to ensure that 1 out of 2 sampled employee's (Employee A) received annual verification of freedom from communicable .

The findings include:

A review of the file for Employee A revealed no documentation of a communicable statement.

An interview with the Manager at 2:00 PM on confirmed there was no documentation of a communicable statement in the file.

Class III

0082 Training -

Based on employee record review and interview with the administrator, the facility failed to ensure 1 out of 2 sampled employees (Employee B) received training in ( ) within 30 days of hire.

The findings include:

A review of the employee file for Employee B revealed a date of hire . Further review of the file revealed no documentation for training.

An interview with the Administrator at 2:00 PM on confirmed Employee B did not have documentation of receiving training.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview with the Manager, the facility failed to update the Background Screen for 2 of 2 sampled employees (Employees A and B).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965270	**09/08/2015**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR OF PALM COAST,**	STREET ADDRESS, CITY, STATE, ZIP CODE **35 SANDS LANE** **PALM COAST, FL 32137**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

The findings include:

A review of the employee file for Employee A revealed a Level 1 Background Screen dated . Date of Hire for Employee A was / .

A review of the employee file for Employee B revealed a Level 1 Background Screen dated . Date of Hire for Employee B was .

An interview was conducted with the Manager at 2:00 PM on . The Manager confirmed the Background Screens for Employee A and B were dated as and / which needed to be updated to a Level II. They were conducted more than five years ago.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2015

Administrator
Magnolia Manor of Palm Coast,
35 Sands Lane
Palm Coast, FL 32137

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on [illegible], 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 21, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -4201.

Sincerely,

for Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

RS/JM/sm
Enclosure
XG90

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