AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968151	10/12/2015
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17420 OLD TOBACCO ROAD** **LUTZ, FL 33558**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on / / .

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

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that newly hired staff submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Findings include:
Two of three employee records selected for review on contained no evidence of newly hired staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .
Staff A was hired on / and provides residents direct personal care services as a Resident Aide/Medication Tech. Per employee record review, Staff A ' s file contained a form entitled " Free From Communicable " that contains staff name, date of hire, slashed line for " Is free from communicable , " 2 letters that looks like a RD next to Physician ' s Signature, dated same as date of hire. All other items on the form are blank: address & phone number, reason for screening, Physician ' s name, address, & phone number. There is no indication that the (incomplete) form was signed by a health care provider based on an examination.
Staff C was hired on / and provides residents direct personal care services as a Resident Aide/Medication Tech. Per employee record review, Staff C ' s file contained a form entitled " Free From Communicable " that contains staff name, date of hire, slashed line for " Is free from communicable , " a letter that looks like an R next to Physician ' s Signature, dated same as date of hire. All other items on the form are blank: address & phone number, reason for screening, Physician ' s name, address, & phone number. There is no indication that the (incomplete) form was signed by a health care provider based on an examination.
Per interview with the facility Administrator on / , the Administrator acknowledged that the incomplete forms did not provide documentation as required.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968151	10/12/2015
NAME OF PROVIDER OR SUPPLIER MAGNOLIA MANOR ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17420 OLD TOBACCO ROAD LUTZ, FL 33558	

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

0081 Training - Staff In-Service

Based on record review and interviews, the facility failed to ensure all direct care staff receive in-service training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and that all direct care staff, other than nurses, CNAs, or home health aides, receive 3 hours of in-service training in resident behavior and needs and providing assistance with activities of daily living.

Findings include:
Per record reviews conducted at the facility on / , 3 of 3 direct care employee records reviewed contained no evidence of completion of in-service training that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation; 2 of 3 direct care employee records reviewed contained no evidence of completion of 3 hours of in-service training in resident behavior and needs and providing assistance with activities of daily living.
Staff A was hired on / and provides residents direct personal care services as a Resident Aide/Medication Tech. Per employee record review, Staff A ' s file contained a certificate for 1 hour training in providing assistance with the activities of daily living dated / / and a Certificate for training in fire prevention dated / .
Staff B was hired on and provides residents direct personal care services as a Certified Nursing Assistant/Medication Tech. Per employee record review, Staff B ' s file contained a certificate for training in fire prevention dated .
Staff C was hired on / / and provides residents direct personal care services as a Resident Aide/Medication Tech. Per employee record review, Staff C ' s file contained a certificate for 1 hour of training in resident behavior and needs dated , a certificate for 1 hour of training in Behavior Strategies, and a certificate for training in fire prevention dated .
Per interview conducted with the Administrator on , the Administrator acknowledged the training as indicated.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to ensure that required training certificates are documented in the facility's personnel files and include title and subject matter/agenda of the training, trainee's name, dates of participation, location of the training, number of hours of the training, and training provider's name, dated signature and credentials, including professional license number, if applicable.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968151	10/12/2015
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17420 OLD TOBACCO ROAD** **LUTZ, FL 33558**	

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

Findings include:
Three of three employee records selected for review on / contained no evidence of training in the facility ' s policies and procedures regarding . Per record review, Staff A was hired on / and provides residents direct personal care services as a Resident Aide/Medication Tech; Staff B was hired on and provides residents direct personal care services as a Certified Nursing Assistant/Medication Tech; Staff C was hired on / / and provides residents direct personal care services as a Resident Aide/Medication Tech. No training certificates regarding were found in any of the 3 personnel files.
Per interview conducted with the Administrator on / / , the Administrator stated that all staff are trained in in the facility's policies and procedures regarding when they begin employment; staff interviews confirmed receiving training. The Administrator acknowledged that the facility failed to ensure that required training certificates are documented in personnel files.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2015 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. **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 , 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(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
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