STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967623	**08/23/2016**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **103 YACHT HAVEN DRIVE COCOA BEACH, FL 32931**	

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

0000 Initial Comments

A complaint investigation #2016006150 was conducted at Magnolia House Assisted Living Facility License #11610 on . Magnolia House Assisted Living Facility had deficiencies at the time of the investigation.

0030 Resident Care - Rights & Facility Procedures

Based on Contract review and interview, the facility did not honor the Residents Bill of right to have visitors between the hours of 9 AM and 9 PM for 2 of 4 sampled residents (#1 and #2) and did not comply with the Resident Bill of rights regarding at least 45 days ' notice of relocation or termination of residency from the facility for 4 of 4 sampled residents (#1, #2, #3 and #4).

Findings:

Review of the Contracts for resident #1 dated / / and Resident #2 dated / / , resident #3 dated / / and resident #4 dated / / revealed there was a provision for the residents to waive the right to the required 45-day notice of termination of residency after the fifteenth day of the month in the event of non-payment.
Continued review of the contracts under the house rules revealed the facility visiting hours were noted as 9 AM-7 PM for Resident #1 and #2
On / at 1 PM, the administrator said she was not aware she could not have the statement requesting the resident to waive their right to the require 45-day notice for non-Payment, she also said the staff were trying to get the residents to bed and that was why the visiting hours were 7 PM, she said the family was welcomed to come after 7 PM.
Class III

0167 Resident Contracts

Based on resident contract review and interview the facility did not ensure that each resident contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 4 of 4 sampled resident ' s contracts (#1, #2, #3 and #4) and did not honor the contracts by providing a refund within 45 days after 2 of 4 sampled residents ' (#3 and #4).

Findings:

Review of the Contracts for resident #1 dated / /, Resident #2 dated / / , resident #3 dated / / and resident #4 dated / / revealed their contracts did not include a statement to inform the

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residents or their responsible party that all residents must be assessed upon admission and every 3 years thereafter, or after a significant change, whichever comes first, did not contain a list of specific services provided under the extended congregate care (ECC) license held by the facility. The Contract noted the facility offered Limited Nursing Services (LNS) and the facility did not hold a LNS license.

1. Record review for Resident #3 revealed she on / / . Review of her contract revealed she was required to pay 3800.00 Monthly. The resident's contract noted- Refund in the event of , termination notice is waived and refund with personal property shall be given within 45 days to the Resident's legal guardian, the resident's spouse or adult next of kin named in the beneficiary designation form provided by the facility to the Resident. Prorated refunds based on the daily rate, for any unused portion of payment beyond termination date will be paid to the Resident/Responsible party after all charges and documented damages cause the resident and resulting from circumstances other than normal use.
Further record review revealed there was no documentation to confirm that a refund had been provided to her personal representative upon her within 45 days. On at 12:15 PM the administrator said she had just mailed the refund on / because the family member ' s lawyer had sent a letter requesting the refund and she sent the check to the lawyer's office. The administrator provided a copy of the letter and a copy of the check stub. When asked why the resident was not provided a refund within 45 days as required, the administrator said at the time that most of the time the family would just tell her to forget the refund.

2. Resident #4 contract dated / noted she was required to pay 2500.00 monthly. During an interview with the administrator at 1:20 PM, she said the resident was paying 3200 monthly and she a level of care increase on from $3200.00 per month to $3700.00 per month because she resident required more assistance. Further review of the contract revealed it did not list any additional services or charges to be provided that were not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule. Continued review of her record revealed she expired while under hospice services on / . The resident's contract noted -Refund in the event of , termination notice is waived and refund with personal property shall be given within 45 days to the Resident' s legal guardian, the resident's spouse or adult next of kin named in the beneficiary designation form provided by the facility to the Resident. Prorated refunds based on the daily rate, for any unused portion of payment beyond termination date will be paid to the Resident/Responsible party after all charges and documented damages cause the resident and resulting from circumstances other than normal use.
Further record review revealed there was no documentation to confirm that a refund had been provided to her personal representative upon her .
During an interview with the administrator at 12:25 PM, she first said she did not know if a refund was provided, she later said she was pretty sure she did not give a refund. The administrator checked her records and said she did not provide refunds because the family did not ask for a refund. The

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Administrator was unable to provide documentation of the exact monthly amount that Resident #4 was responsible for. the Administrator said the Resident Paid 3700 for the month of 2015. Resident #4 was owed a refund of $1726.67.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Magnolia House
103 Yacht Haven Drive
Cocoa Beach, FL 32931

RE: CCR #2016006150

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , , 2016.** 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 Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com