STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964280	09/22/2016
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR AT DAYTONA BEACH, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **252 FOREST LAKE BLVD DAYTONA BEACH, FL 32119**	

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

0000 Initial Comments

An unannounced change of ownership licensure survey was conducted on . Magnolia Manor Assisted Living Facility, (License # 8869) had deficiencies at the time of survey.

0052 Medication - Assistance with Self-Admin

Based on observation and record review, the Facility failed to properly assist with assistance with self-administration of medication by failing to observe a resident take their medication for 1 of 2 sampled residents, Resident # 1.

The findings include:

On at 9 a.m. during an interview with Resident # 1 in her , three pills were observed in a medication cup on a table bedside her chair. She stated one pill was and the other one was a . She was unsure what the last pill was. She stated Employee H left them earlier today. She already took the majority of her pills. She likes to take the other ones slowly.

On at 9:29 a.m. Employee H, a Resident Assistant stated the three pills in the medication cup were with D, , and Thera-M. The Resident does not like to take all her pills at one time. She states it causes problems. She confirmed that it is not facility policy to let her save them for later. Employee H confirmed she was supposed to watch the residents take their medication.

Review of the clinical record for Resident #1 revealed she was to receive assistance with medication and Employee H had already signed that the , and Thera-M was already given (according to the , 2016 Medication Observation Record).

The Facility's Medication Storage Policy ( ) revealed all medications including over the counter were to be kept in locked storage at all times.

CLASS III

0152 Physical Plant - Safe Living Environ/Other

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Based on observation, record review and staff and resident interview, the facility fialed to maintain safe water temperatures for 9 of 11 sampled residents, Residents #1, #2, #4-10.

The findings include:

On at 11:30 a.m, the water temperature next to the Administrator's office was extremely hot to touch. The temperature was found to be 135 degrees. Florida State Guidelines (64E-12.0003(3)) revealed for assisted living facilities water temperature should not exceed 120 degrees.

Interview with Maintenance Director was conducted on at 12 noon. He stated water was heated by one gas heater and temperature was set at 140 degrees. He did not have any company come out to check it yet. He has called and no has been able to come yet to see if it was functional. He stated it it should be 130 degrees coming out of the faucet. He has not checked water temperatures since starting here in 2016. He was not aware of any policy that he shoudl be doing it. The gauge was actually observed to be set at 130 degrees.

On at 12:05 p.m., the water temperature for all 11 residents faucets were checked with the Maintenance Director on all hallways of the building. A calibrated thermometer by the Maintenance Director was used. The following were obtained:

(Resident #4) Sink water temperature was 134 degrees.
114 and #115 share a , (Residents #1 and #2) Sink water temperature was 136 degrees
(Residents #8 and #9) Sink Water temperature 132 degrees.
(Resident #7) Sink Water Temperature 122 degrees
(Resident #6) Sink Water Temperature was 135 degrees
(Resident #10) Sink Water Temperatuer was 122 degrees
(Resident #5) Sink Water Temperature was 135 degrees

Resident #3 ( ) and Resident #11 ( ) had water temperatures of 120 degrees.

The Administrator on at 1 p.m. stated she did not have a policy for maintaining safe water temperatures or contract with a company to montor the functioning of the hot water heater. She

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identified one resident, Resident #8 as having .

Review of the Health Assessment (/) for Resident #8 revealed a dignsosis of , alert with some . She was able to ambulate independently .

Interview with Employee K, a Certified Nursing Assistant was interviewed on at 122pm. She stated that Resident #8 had and was capable of going to the her own and could wash hands independently. She does have and needs to be prompted to dress and where to go .

In , Resident #5 was interrviewed at 1:18 pm. She stated her water temperatures can be really hot, but has not herself. Her water temperature was at 135 degrees.

On at 144pm, Resident #7 stated the water temperature was very hot and you have to adjust it so you don't yourself.

At 2:24 pm, the water temperatures on the 105 hall were still over 120 degrees. The Maintenance Director stated he had drained the hot water heater so the temperature should be down. He discovered another hot water heater that was set at 140 degrees. He set this one down to 120 degrees and was draining that one as well.

Employee I on at 2:30 p.m., a housekeeper stated she has been employed here for 7 months and the water temperatures in resident have been extremely hot.

Class III

0167 Resident Contracts

Based on interview and record review, the facility failed to ensure an updated contract was obtained that reflected the resident ' s monthly rate for 1 of 4 sampled residents. (Resident #8)

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The findings include:

During an interview with the Health & Wellness Director on at 1:05 PM, she stated the past company paid for briefs and other things. When the new company came in the stated that not everything was covered. She stated that she did not know if a letter went out about charges. She stated the Administrator is working on contracts and did not think one has been done for this resident.

Record review for Resident #8 found a contract dated with a contract rate of $1857.20. The contract was signed by the resident ' s representative. A second contract was found that was signed by Resident #8 with a rate of ($1075.00 + Med-Waiver Per Diem). The contract was not dated. Also in the resident record was a Resident In-House Change Form with a current monthly rate of $1093.00 going to $1616.00 effective / . The form was signed by the Executive Director on . There was no evidence in the record the resident or her power of attorney was given notice of the increase. There were no other contracts in the resident file.

The Administrator confirmed during interview on at 1:15 PM that she did not have a new contract for Resident #8.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Magnolia Manor At Daytona Beach, LLC
252 Forest Lake Blvd.
Daytona Beach, FL 32119

Dear Administrator:

This letter reports the findings of a state licensure change of ownership survey that was conducted on , 2016 by representatives 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering

Jana Meyering, QHDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure
XG90

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