STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965962	**11/29/2016**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4838 NW 93RD TERRACE** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

An unannounced abbreviated re-licensure survey was conducted on 11/29/2016 at Magnolia Residence, License # 10242 The facility had deficiencies at the time of the visit.

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

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings within 30 days of hire, for 1 out of 2 sampled staff records reviewed (Staff A).

The findings include:

Record review of Staff A's personnel record revealed her date of hire was _ _/_ _ _ _. Further review revealed Staff A's file lacked documentation indicating the employee had completed 3 hours of the following in-service training: Activities of Daily Living and Behavorial Needs Training.

In an interview with the Assisted Living Facility Owner on / at approximately 11 AM, he acknowledged the findings. He stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

RE: Abbreviated Survey

Dear Administrator:

This letter reports findings of a state licensure abbreviated survey that was conducted on , 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

1GGN

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