

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967623	(X3) DATE SURVEY COMPLETED 03/23/2017
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

The re-licensure survey with Extended Congregate Care (ECC) was conducted on . Magnolia House license #9244 had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review the facility failed to ensure that one of 2 sampled residents (#4) who was under the care of hospice had an interdisciplinary care plan.

Findings:

Observations during the facility tour on at 9 AM staff A identified resident #4 as receiving hospice care.

Resident record review for resident #4 revealed a health assessment report form 1823 dated that indicated that hospice services were needed. The resident changed hospice services on Continued review revealed that a hospice interdisciplinary plan was not available. The administrator provide a hospice document that she thought met the requirement as the interdisciplinary care plan. Further review of the document revealed the plan did not specify the services to be provided by hospice and those to be provided by the facility, and was developed and implemented by a licensed hospice in consultation with the facility.

In an interview with the administrator on at 3 PM who stated she did not think hospice had such a document.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on personnel record review and interview, the facility failed to ensure a staff member was certified in () from a course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health for 1 of 2 sampled staff (B).

Findings:

Personnel record review for staff B revealed she was hired in in the capacity of a caregiver. Continued review revealed a /First Aid card issued by an online company on , which was

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967623	(X3) DATE SURVEY COMPLETED 03/23/2017
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)		
not an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American ... Association, or National Safety Council; or a provider approved by the Department of Health. In an interview on ... at 3:30 PM with the administrator who, said she was not aware that on-line courses were not acceptable. Class III 0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC Based on interviews and record review the facility failed to ensure the staff in charge of food services completed 2 hours of continuing education annually in topics pertinent to nutrition and food service (A). Findings: The administrator (A) stated on ... at 1 PM that she was the person responsible for the day-to-day operation of the food services. Personnel record review for the administrator revealed a continuing education certificate dated ... The certificate awarded 1 hour of continuing education. The review revealed no evidence to confirm she received 2 hours of continuing education annually in topics pertinent to nutrition and food service in an assisted living facility. In an interview on ... 2 PM the administrator said we came too early to survey; she had signed up for a class but had not taken the course. Class III 0090 - Training - ... - 58A-5.0191(11) FAC Based on personnel record review and interview the facility did not provide or arrange for 2 of 2 sampled staff (A and B) to attend an in-service training regarding the facility's policy and procedures regarding ... (...). Findings: 1. Personnel record review for staff # A, the administrator since 2015. Continued review revealed no evidence to confirm she attended an in-service training regarding the facility's policy and procedures		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967623	(X3) DATE SURVEY COMPLETED 03/23/2017
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)		
regarding Personnel record review for staff # B revealed she was hired in Continued review revealed a certificate dated that indicated training related to advanced directives. Continued review revealed no evidence to confirm she attended an in-service training regarding the facility's policies and procedures. In an interview on at 3:30 PM with the administrator who stated she did not have a certificate of training for Class III 0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC Based on personnel record review and interview the facility failed to ensure that certificates of training contained all the required information for 1 of 2 sampled staff (B). Findings: Personnel record review for staff B hired in revealed a certificate that indicated she received an in-service training regarding Extended Congregate Care (ECC), the certificate was dated 7/1; it did not indicate the year the training was given. In an interview on at 3:30 PM with the administrator who stated the information was overlooked. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observations and interview the facility failed to maintain a 3-day supply of non -perishable foods that included water on hands at all times. Findings: During the facility, tour on at 9 AM staff A said the resident census was four. Observations of the facility's 3-day emergency food supply noted that facility had 5 gallons of water stored to be use in the event of an emergency.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967623	(X3) DATE SURVEY COMPLETED 03/23/2017
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)		
The administrator stated that we had come to survey early, some of the stored water had been used and she needed to buy more water; she always had plenty of water available. Class III		