| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910102** | **10/24/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**MAGNOLIA RETIREMENT HOME, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**149 MAGNOLIA AVENUE**<br>**SEBRING, FL 33870** | |

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

**0000 - Initial Comments**

Assisted Living Facility

On , 2017, two complaint surveys, (CCR# 2017008454 & CCR# 2017010786) were conducted at Magnolia Retirement Home, Assisted Living Facility. Magnolia Retirement Home had deficiencies identified at the time of the visit.

(License # 4947)

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on record review, interview and observation the facility failed to ensure 36 residents were provided a safe living environment. Specifically, the facility failed to have enough staff to meet the needs and of the residents and failed to ensure all staff who have access to resident living areas have a current level II background screening (BGS)as required.

Findings included:

On at 10:00 am an interview was conducted with Staff A. Staff A stated when staff are assisting with medications there is no one available to assist the residents.

On at 1:58 PM an interview was conducted with Staff H. Staff H stated they work all shifts. Staff H stated the Administrator and Administrative Assistant are at the facility Monday-Friday from 8:00 am-5:00 PM but Staff H mostly does the direct care for the residents themselves. If they work on the weekend they do not have any help. There is always just one employee working.

On a review of the facility staffing schedule was conducted to confirm that one direct care employee is scheduled for each shift to meet the needs of 36 residents to include assistance with medications. The facility is not in compliance with their direct care staffing hours.

On during the hours of the survey from approximately 9:30 am-3:00 PM Staff A was observed to be the only direct care employee working. Staff A was observed to be in the medication approximately 11:00 am-3:00 PM, thus leaving no direct care staff available to assist the residents.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910102 | 10/24/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MAGNOLIA RETIREMENT HOME, INC.** | **149 MAGNOLIA AVENUE SEBRING, FL 33870** |

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

On a record review was conducted for Staff B. Staff B had a hire date of . Staff B had a level II BGS conducted on . This screening expired on .

On a record review was conducted for Staff C. Staff C had a hire date of . Staff C had a level II BGS conducted on . This screening expired on .

On a record review was conducted for Staff D. Staff D had a hire date of . Staff D did not have a level II BGS as required.

On at 11:40 am, Staff C was observed serving lunch to the residents in their assigned dining .

On at 2:24 pm an interview was conducted with the Administrator. The Administrator stated Staff B is a housekeeper and does have access to the resident living areas. Staff C and Staff D are kitchen aides and assist residents in serving them their meals in the resident dining area.

Class III

**0079 - Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on record review and interview the facility failed to comply with and maintain their required staffing hours, thus putting 36 of 36 residents at risk.

Findings included:

On a review of the facility direct care staffing schedule was conducted. The staffing schedule reflected the facility had 240.5 scheduled hours during the current week. With a census of 36 residents the facility was required to maintain 335 staffing hours.
The hours scheduled included the Administrator and the Administrative Assistant who were observed during the hours of the survey on from approximately 9:30 am-3:00 PM in their office conducting administrative duties and were not providing direct care. This left one employee available in the facility to assist the 36 residents with medications and their activities of daily living on the date of the survey.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910102** | **10/24/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**MAGNOLIA RETIREMENT HOME, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**149 MAGNOLIA AVENUE**<br>**SEBRING, FL 33870** | |

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

On an interview was conducted with the Administrator. The Administrator stated they were unaware the facility was operating with less than the required hours. The administrator stated they cover for all shifts and they currently have staff on vacation.

On at 1:58 PM an interview was conducted with Staff H. Staff H stated they work all shifts. Staff H stated the Administrator and Administrative Assistant are often at the facility Monday-Friday from 8:00 am-5:00 PM but Staff H mostly does the direct care to residents themselves. If staff work on the weekend they do not have any help. There is always just one employee working, providing direct care to the residents.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910102** | **10/24/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**MAGNOLIA RETIREMENT HOME, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**149 MAGNOLIA AVENUE**<br>**SEBRING, FL 33870** | |

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

**Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS**

Based on record review, interview and observation the facility failed to ensure three of three sampled employees (Staff B, Staff C and Staff D) who provided care to residents and had access to resident living areas had a current level II background screening (BGS) as required.

Findings included:

On a record review was conducted for Staff B. Staff B had a hire date of . Staff B had a level II BGS conducted on . This screening expired on .

On a record review was conducted for Staff C. Staff C had a hire date of . Staff C had a level II BGS conducted on . This screening expired on .

On a record review was conducted for Staff D. Staff D had a hire date of . Staff D did not have a level II BGS as required.

On at 11:40 am, Staff C was observed serving lunch to the residents in their assigned dining .

On at 2:24 pm an interview was conducted with the Administrator. The Administrator stated Staff B is a housekeeper and does have access to the resident living areas. Staff C and Staff D are kitchen aides and assist residents in serving them their meals in the resident dining area. They stated they were unaware the dining staff were required to have a level II BGS. They stated they would make sure Staff B and C updated their screenings.

Unclassified