| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965270 | R<br>11/14/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MAGNOLIA MANOR OF PALM COAST,** | **35 SANDS LANE**<br>**PALM COAST, FL 32137** |

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

**0000 - Initial Comments**

A follow-up visit to a biennial survey was conducted at Magnolia Manor of Palm Coast Assisted Living Facility ( License # 9708) on . Magnolia Manor of Palm Coast had deficiencies at the time of the visit.

**0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based on record reviews, and staff interviews, the facility failed to have a complete and accurate Florida Health Assessment (AHCA form 1823) for 1 Resident (Resident #4) out of 2 resident records sampled.

The findings include:

A record review for Resident #4 revealed an 1823 signed and dated by a physician on . On this form, it was checked off that the resident's needs could not be met in an Assisted Living Facility. In addition, the physician marked the resident required Medication Administration. (photographic evidence obtained)

An interview with Employee B, caregiver, on at 11:06 AM, confirmed the 1823 for Resident #4 showed the physician checked that the resident requires Medication Administration. Employee B confirmed the facility does not have licensed staff to administer medications. The employee aslo confirmed the physician checked that Resident #4's need could be met in an assisted living facility and required 24 hour nursing care.

CLASS III

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

Based on record review and staff interviews, the facility failed to maintain the minimum staffing hours of 212 hours for the current census of 6 residents residing in the facility.

The findings include:

A review of the facility's Admission and Discharge Log revealed 6 residents currently living at the facility.

A review of the facility's posted schedule, dated - 17th, revealed the facility only had a total of 183 staffing hours instead of the required minimum of 212 hours. (photographic evidence obtained)

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MAGNOLIA MANOR OF PALM COAST,** | **35 [illegible] SANDS LANE**<br>**PALM COAST, FL 32137** |

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

An interview on [illegible] at 9:40 AM with Employee B, confirmed the scheduled posted is accurate and is current and confirmed the facility only had 183 staffing hours.

CLASS III

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

Based on employee record reviews, and staff interviews, the facility failed to have at least one staff on hand at all times with certification in [illegible] ( ), evidenced by the scheduling of 2 employees (Employee A and F) out of 6 employees sampled.

The findings include:

A record review was conducted for Employee A, caregiver, which revealed a date of hire of . A card was found dated in the employee file. This certification was given by an instructor who was not an approved provider. In addition, the card had several blanks next to the type of training, including , Child, and Adult. The card for Employee A was not marked to indicate what type of training the employee received. (photographic evidence obtained)

A record review was conducted for Employee F, caregiver, which revealed a date of hire of . A card was found dated given by an instructor who was not an approved provider. In addition, the was not marked to indicate what type of training the employee received, as there were several boxes on the card to be checked to indicate whether it was , Child, or Adult . (photographic evidence obtained)

An interview with Employee B, caregiver on at 12:10 PM confirmed Employee's A & F received training on but that the card was not marked for what type of training the employees received. The employee stated " I didn't know it had to be done by a certain provider, this was expensive and they just did it."

CLASS III