STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968902	R 12/07/2017
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA GARDENS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **350 MAGNOLIA RD** **VENICE, FL 34293**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at Magnolia Gardens LLC, an assisted living facility (license #12776) in Venice, Florida.

This was a follow-up to the relicensure survey completed on .

The following is description of the deficiencies found at the time of the visit.

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

Based on observation, record review, staff interview, and review of Centers for Control guidelines for hand hygiene, the facility failed to ensure staff followed standard hand hygiene practice during assistance with self-administration of medications for 1 (Resident #3) of 1 residents.

The findings included:

1. Review of the CDC (Centers for Control) guidelines(https://www.cdc.gov/handhygiene/providers/index.html) for cleaning your hands included the following:
·Before eating
·Before and after having direct contact with a patient's intact skin (taking a pulse or , , performing physical examinations, lifting the patient in bed)
·After contact with , body fluids or excretions, , non-intact skin, or dressings
·After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
·If hands will be moving from a contaminated-body site to a clean-body site during patient care
·After glove removal
·After using a

CDC Guideline for Hand Hygiene in Healthcare Settings recommends: "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet... Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times."

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

During an observation on at 10:33 a.m., Med Tech, Staff C, walked into the medication remove medications for Resident #3. Staff C had on gloves and was not observed to wash or sanitize her hands. Staff C removed Resident #3's medications from the medication cart and compared the medications to the Medication observation record. Staff C then popped the pill into her gloved hands and placed the pill in the cup with her fingers. During this process, Staff C reached gloved hand on top of her head and pulled her glasses down onto her face. Staff C then continued popping the pills into her same gloved hands and placing the pill in the cup with her fingers. Staff C did not remove gloves and wash her hands after touching her hair and glasses.

During an interview on at 10:40 a.m., Staff C and the Administrator acknowledged Staff C had touched her hair and glasses during medication preparation and did not wash hands following this.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and staff interview, the facility failed to ensure any change in directions for use of a medication for which the facility is providing assistance with self-administration of medications is accompanied by a written medication order issued and signed by the resident's health care provider, or a faxed or electronic copy of such order for 1 (Resident #3) of 1 medication record reviewed.

The findings included:

On at 10:33 a.m., Med Tech, Staff C, was observed assisting Resident #3 with medications. The Medication Observation Record (MOR) listed (glucose monitoring) twice a day scheduled at 8 a.m. and 5 p.m. and 500 mg tablet take one tablet by mouth two times a day (hold for sugar below 100) scheduled for 8 a.m. and 5 p.m. on MOR. The was not performed and was not given. Staff C said the order changed to once a week and they don't give the unless they have results. Staff C explained that Resident #3 performs his own .

On at 10:45 a.m., no order to change the and was found in Resident #3's record.

On at 11 a.m., a review of Resident #3's file revealed a physician's order dated for 60 mg. and a second prescription dated for 30 mg.

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

During an interview on at 10:50 a.m., the Administrator said he was sure he had received an order to change the and but was unsure where it was. The Administrator acknowledged there was no order for this in Resident #3's file and there are 2 orders for in Resident #3's chart. The Administrator produced a faxed medication list that was not dated or signed by the provider. This faxed medication list provided conflicting information as it listed once daily sugar checks and two times daily, which the Administrator said had been changed. The Administrator said he needed to get the orders clarified.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and staff interview, the facility failed to develop and submit an emergency management plan to the local emergency management agency.

The findings included:

Record review on failed to show the facility submitted an emergency management plan for 2016 and subsequently there was no plan to submit for review and approval for 2017.

During an interview on at 11:30 a.m., the Administrator said he had submitted a handwritten plan to the county but they sent it back asking for it to be typed. The Administrator said he had yet to get the plan typed and acknowledged this was not yet complete.

Class III