STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967623	**03/28/2018**
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

An Extended Congregate Care (ECC) monitoring visit was conducted on , 2018. Magnolia House, license #11610, had a deficiency at the time of the visit.

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

Based on review of the facility staffing schedule, personnel record reviews, and interview, the facility failed to ensure a staff member who held a current valid First Aid card was in the facility at all times.

Findings:

Review of the facility's staffing schedule revealed staff B, an unlicensed caregiver, was scheduled to work alone from 7pm until 7am on .

Review of the personnel record for staff B revealed no documented evidence to indicate she held a current valid First Aid card.

On at 2:50 pm, the administrator confirmed the findings and confirmed staff B did in fact work alone in the facility from 7pm until 7am on .

Class III