

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965962	(X3) DATE SURVEY COMPLETED 04/10/2018
NAME OF PROVIDER OR SUPPLIER MAGNOLIA RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 4838 NW 93RD TERRACE SUNRISE, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey, CCR #2018005068, was conducted on at Magnolia Residence Inc., License # 10242. The facility had deficiencies at the time of the visit. 0180 - Emergency Management - 58A-5.026(1) FAC Based on observation, record review and staff interview, it was determined the facility failed to have the facility's Comprehensive Emergency Management Plan available for review. . The findings include: During an interview with the Administrator on, the facility's CEMP plan was requested. The Administrator stated that it is in progress. The Administrator could not locate the plan in the facility. It was revealed by the Administrator that he must have left it home and would forward it later. No documentation submitted that reflects the facility's plan to implement an emergency management procedure that is comprehensive was provided. It was determined that the facility did not have additional documentation, and no further information provided at that time. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on observation, record review and staff interview, the facility failed to provide current approved comprehensive emergency management preparedness plan (CEMP) letter by the local emergency management agency. The findings included: During a tour on, observation that the facility did not have evidence of a current CEMP plan approved by the local emergency management agency. The last one that posted is dated expire Interview with the Administrator at 10:15AM regarding an updated current CEMP approval letter, stated that he has another one, however, unable to locate it. Stated that he has it at home and will email the document. Received the attachment of the letter on, dated with an expiration date of Administrator explained that he was waiting to receive City Fire Department Inspection		

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approval and the delay was due to the City. Stated that he obtained all the paper work from the Fire Department and will now submit CEMP to local emergency management agency. Class III Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review and interview, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status, for 4 out of 8 staff members; (Staff A; B; F; and G). The findings included: A review of facility's list of current staff provided by the Administrator on compared to the AHCA Clearinghouse Background Screening Facility Employee Roster revealed that two current staff members not registered. (Staff A; and B). The following staff were not registered; Staff A hire date of Staff B hire date of . A further review of the list of current staff given by the Administrator and compare to the AHCA Clearinghouse Background Screening Facility Employee Roster revealed that two other staff members are no longer employed at the facility. The following employees are no longer employed; Staff F hire date of ; Staff G hire date of . No end date recorded on Clearinghouse Employee Roster for Staff F; and G. No further documentation or information provided. Unclassified		