| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910102** | **06/27/2018** |
| 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 , 2018 a complaint suvey (CCR# 2018007527 and CCR#2018007931) was conducted at Magnolia Retirement Home. Deficiencies were identified during the visit.

An amended Statement of Deficiencies was issued to the provider on .

(License #4947)

**0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC**

Based on observation and interview, the facility failed to ensure the cabinet used for centrally stored medications remained locked.

Findings Included:

During a tour conducted of the kitchen, dining , and medication at 11:04 am, the door to the medication open and unlocked and the medication cart was observed to be unlocked.

During an interview with Staff D conducted on at 11:07 am, she confirmed that she had left the medication cart unlocked.

Class III

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on interview and employee record review, the facility failed to ensure 3 of 6 (A, C, E) staff received in-service training within 30 days of employment, for staff who provide direct care to residents.

Findings Included:

Focused employee record review conducted on revealed Staff A with a date of hire did not have resident rights training, recognizing and reporting resident , neglect and , training, or assistance with the activities of daily living and behavioral needs.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910102** | **06/27/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**MAGNOLIA RETIREMENT HOME, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**149 MAGNOLIA AVENUE SEBRING, FL 33870** | |

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

An interview with the Administrator was conducted on beginning at 11:10am. The administrator stated that all staff including housekeepers and dietary staff provide direct care to residents for a minimum of one hour a day. The Administrator acknowledged and confirmed Staff A had not received trainings necessary for staff that provide direct care to residents.

Focused employee record review conducted on revealed Staff C with a date of hire of did not have recognizing and reporting resident , neglect and , training, Resident Rights, or assistance with the activities of daily living and behavioral needs training.

Focused employee record review conducted on revealed Staff E with a date of hire of did not have assistance with the activities of daily living and behavioral needs training, resident rights, or recognizing and reporting resident , neglect and , training.

An interview with the Administrator was conducted on beginning at 11:35 am. The administrator acknowledged and confirmed Staff C and Staff E had not received trainings necessary for staff that provide direct care to residents.

Class III

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

Based on record review and interview the facility failed to maintain an approved Certified Emergency Management Plan (CEMP).

Findings Included:

During an interview with the Administrator on at 2:30 PM, they stated, their CEMP had not been approved.

During a review of the facility records on , it included a letter dated 2018 from another state agency stating their CEMP was not approved. It stated, "The plan does not meet the requirements for the State of Florida pursuant to Chapter 252, Florida Statutes."

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910102** | **06/27/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**MAGNOLIA RETIREMENT HOME, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**149 MAGNOLIA AVENUE 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 employee record review and interview, the facility failed to obtain a Level II Background Screening for a staff with a break in employment more than 90 days for 1 (Staff A) out of 6 employee records reviewed.

Findings Included:

A focused record review conducted on revealed Staff A with a rehire date of and a Level II Background Screening dated . Upon further review, Staff A was initially hired on and her last day of work was . There was no employment history documented on her application dated .

In an interview with the Administrator was conducted on at 10:31 AM, the Administrator confirmed Staff A did not have employment from until when she was rehired at the facility. The Administrator confirmed that the facility did not obtain a Level II Background Screening at the time she was rehired.

Unclassified