STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	**08/20/2018**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA RETIREMENT HOME, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **149 MAGNOLIA AVENUE** **SEBRING, FL 33870**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2018 a beinnial survey with Limited Mental Health was conducted at Magnolia Retirement Home, Inc. Deficient practice was identified during the survey.

(License# 4947)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure 1 of 4 (Staff B) staff had annual evidence of a negative ( ) examination.

Findings Included:

Employee record review conducted on revealed Staff B with a date of hire of was missing an annual examination.

An interview with the Administrator was conducted on beginning at 12:10pm. The administrator confirmed that the facility did not have documentation of Staff B having a examination.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and employee record reviews, the facility failed to ensure staff received training on the facility's policy on ( ), within 30 days of employment, for staff who provide direct care to residents for 1 (Staff D) of 4 employee records reviewed.

Findings Included:

Employee record review conducted on revealed Staff D with a date of hire of . There was no documentation of training for Staff D in the file.

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

An interview with the Administrator was conducted on beginning at 12:10pm. The administrator confirmed that Staff D had not received the required training.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview the facility failed to provide a therapeutic diet ordered for 1(#2) of 3 sampled residents accepted for residency as ordered by the health care provider.

Findings Included:

During a review of resident health assessments on at 11:00 am, it was revealed that Resident # 2's health assessment had an order for the resident to follow a counted/controlled diet. The resident also had a diagnosis of c.
The administrator stated during an interview on that same date at 2:06 PM that the facility has only one diet. The diet is no concentrated sweets. The facility did not offer a carb counted diet on it's approved menus for the staff to prepare for Resident #2.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on employee record review and interview, the facility failed to ensure that staff received Limited Mental Health (LMH) training within 6 months of employment for 1 staff (Staff B) out of 4 employee records reviewed.

Findings Included:

Employee record review conducted on revealed Staff B with a date of hire of was missing the required LMH training.

An interview with the Administrator was conducted on beginning at 12:10pm. The administrator confirmed that Staff B had not received the required LMH training.

Class III