STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965962	10/09/2018
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 Relicensure Survey was conducted on . . . . . at Magnolia Residence, License #10242. The facility had deficiencies at the time of the survey.

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record review, observation and interview, it was determined that the facility failed to ensure that one (1) of three (3) sampled employee records reviewed (Employee C) had certifications documenting completion of required in-service trainings in their file.

Findings Include:

During the Re-licensure Survey conducted on , this surveyor reviewed the employee files of the Administrator and employees B and C between 11:40 AM and 1:30 PM. During the review this surveyor observed the following when reviewing employee Cs file (hired on):

1) ADL and Behavioral Needs Training: Employee C did not have verification/or certification documenting the required training in their file.

2) Elopement & Response: Employee C did not have the verification/or certification documenting completion of the required training in their file.

3) Emergency Preparedness & Evacuation: Employees C did not have the verification/or certification documenting completion of the required training in their file.

4) Incident Reporting: Employees C did not have the verification/or certification documenting completion of the required training in their file.

5) Resident Rights: Employees C did not have the verification/or certification documenting completion of the required training in their file.

6) Recognizing and Reporting , Neglect & , : Employees C did not have the verification/or certification documenting completion of the required training in their file.

7) P&P: Employees C did not have the verification/or certification documenting completion of the required training in their file.

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NAME OF PROVIDER OR SUPPLIER **MAGNOLIA RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4838 NW 93RD TERRACE SUNRISE, FL 33351**	

SUMMARY STATEMENT OF DEFICIENCIES
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Addtionally, during the survey conducted on , this surveyor interviewed the Administrator between 1:20 PM and 1:35 PM regarding the missing certification/or verification of training for employee C.

During the Exit Interview conducted on between 1:37 and 1:55 PM, this surveyor restated the findings regarding the training with the Administrator who acknowledged such.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, it was determined that the facility failed to ensure that one (1) of three (3) sampled employee's records reviewed (Employee C) had verification/or certifications documenting completion of required courses.

The findings Include:

During the survey re-licensure survey conducted on , this surveyor reviewed the employee files of the Administrator (employee A) and employees B and C between 12:15 AM and 1:30 PM. During the course of the review, it revealed that employee C, who was hired on , did not have documentation of training in their file.

This surveyor interviewed the Administrator between 1:20 PM and 1:35 PM regarding the missing training certification/or verification for employee C. The Administrator responded that he was "sure that the employee had the trainings," and reviewed the file as well. However, his review did not yield documentation of the trainings.

During the Exit Interview conducted on between 1:37 and 1:55 PM, this surveyor restated the findings regarding the training with the Administrator, who acknowledged such.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Event NRHN11

Based on record review and interview, the facility failed to ensure one (1) of three (3) employees

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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)

(Employee C) completed the required course in First Aid & and holds a currently valid card documenting completion of such course.

The findings include:

During employee record review for employee C (hire date), this surveyor observed that there was no documentation contained within the employee's file verifying that the employee had completed an approved course in First Aid & and holds a currently valid certification card.

This surveyor interviewed the Administrator between 1:20 PM and 1:35 PM regarding the missing documents. The Administrator responded that he was "sure that the employee had the trainings," and reviewed the file as well. However, his review did not yield documentation of the trainings.

Review of the facility staffing schedules revealed that employee C works 7:00 PM to 7:00 AM, hours for which employee C may be scheduled to work alone with the residents. Employee C is not a licensed nurse or an Emergency Medical Technician/Paramedic, so she would not be exempt from the training.

During the Exit Interview conducted on between 1:37 and 1:55 PM, this surveyor restated the findings regarding the certifications with the Administrator who acknowledged such.

Class III