STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910705	**11/08/2018**
NAME OF PROVIDER OR SUPPLIER **MARGATE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1189 WEST RIVER DRIVE** **MARGATE, FL 33063**	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 11/08/2018 at Margate Manor, Inc., License #6649. The facility had deficiencies at the time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to have proof of a high school diploma or equivalent on file, as a requirement for administrators; who are responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S.

Findings included:

A review of The Facility Administrator's personnel record revealed a hire date of , as the facility administrator.

During an interview with the facility administrator on at 1:23pm, the administrator stated that, The school he attended in London; nolonger exists and that he did graduate, but is unable to provide any proof of that; considering the fact that the school is now apartment flats.

Class III

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

Based on interviews and record reviews, the assisted living facility failed to ensure that all employees had documentation from a Healthcare Provider annually indicating freedom from ( ).

The findings include:

1) On at approximately 11:30PM, a employee record review was completed for Staff B and revealed, Staff B whose hire date was , revealed Staff B's file does not have any annual documentation of a negative examination by a licensed health care professional.

2) On at approximately 11:40PM, a employee record reviews was completed for Staff C, and revealed Staff C whose hire date was 11/10/2013, revealed Staff B's file does not have any annual documentation of a negative examination by a licensed health care professional.

During an interview with facility administrator on at 1:30pm, the administrator stated that there

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was no reason why aforementioned information wasn't in the files. The Administrator acknowledged that he will get the proper documentation in file to reflect the status for the employees.

Class III

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

Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval.

The Findings Included:

On at approximately 11:00AM the last approved CEMP was received on and was approved through , . During an interview withe the Administrator at this time, he stated the facility has not submitted a CEMP for approval since the last CEMP expired in 2017.

On at 11:30PM, during an interview with the Administrator he acknowledged the findings and provided no additional documentation for review.

Class III