STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967623	12/26/2018
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **103 YACHT HAVEN DRIVE** **COCOA BEACH, FL 32931**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on . . . . . , . . . Magnolia House, license #11610, had deficiencies at the time of the visit.

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 3 staff (B) submitted a written statement from a health care provider documenting freedom from communicable . . . . . within 30 days after beginning employment and failed to ensure the personnel record for 1 of 3 sampled staff (administrator) contained documented evidence of a negative . . . . . ( ) examination on an annual basis.

Findings:

1. Certified Nursing Assistant (CNA) B was hired on . The personnel record did not contain a written statement from a health care provider documenting freedom from communicable . . . . . , as required.

2. The administrator was hired on . The personnel record contained a negative exam, dated . . . . . The record did not contain documented evidence of a negative exam for the year 2018, as required.

On at 1:20 p.m. the administrator confirmed the findings and was unable to provide additional documentation.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 3 sampled staff (B) received the required in-service trainings within 30 days of hire.

Findings:

Certified Nursing Assistant (CNA) B was hired on . . . . . The personnel record contained a 2-hour preservice orientation certificate of completion, dated however, the agenda outlined on the

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certificate did not indicate the topics of resident rights and the facility's license type and services offered by the facility were covered in the training, as required.

Additionally, the record did not contain a statement, signed by the employee and the administrator, to indicate CNA B completed the preservice orientation, as required and no documented evidence to indicate CNA B was exempt from receiving the training.

On ..... at 1:15 p.m. the administrator confirmed the findings and was unable to provide additional documentation.

Class III