STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967623	**03/19/2019**
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

The biennial licensure survey with Extended Congregate Care (ECC) was conducted on , . Magnolia House, license #11610, had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record reviews and interview, the facility failed to ensure an 1823 health assessment form was complete for 1 of 2 sampled residents (#3).

Findings:

Resident #3 was admitted to the facility on . The only 1823 in her record was not dated.

On at 1 p.m. the administrator confirmed the finding.

Photographic evidence obtained.

Class

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observations, record reviews and interviews, the facility failed to obtain a new 1823 health assessment form when 1 of 2 sampled residents (#3) experienced a significant change.

Findings:

Resident #3 was admitted to the facility on . The only 1823 in her record was undated and indicated that she did not have any , .

A hospice note, dated , indicated that she had a , on her right ankle, which is a significant change.

The record did not contain an 1823 that was completed when she developed the , as required.

On at 1 p.m. the administrator confirmed the findings and said a new 1823 was not obtained.

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Photographic evidence obtained.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observations, record reviews, and interview, the facility failed to ensure the unlicensed caregiver (A) who assisted a resident (#4) with self-administered medications followed the correct procedures.

Findings:

Observations made during a medication pass for resident #4 on at 12:15 p.m. revealed unlicensed caregiver A washed her , unlocked a cabinet, removed medication packages, then she took the packages to the resident who was sitting at the dining room table. She told the resident the name and strength of the medication, poured the medication into a cup, then she handed the cup to the residents who took it without assistance.

Caregiver A did not read the prescription label aloud, as required.

At 12:25 p.m. caregiver A confirmed the findings.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record reviews, and interview, the facility failed to ensure the Medication Observation Record (MOR) was properly updated for 1 of 2 sampled residents (#3) who received assistance with self-administered medications.

Findings:

Resident #3 was admitted to the facility on . An undated 1823 indicated that she required assistance with self-administered medications.

A health care provider's order, dated , indicated that she was to take 150 milligrams (mg) by daily at bedtime however, both 100 mg and 150 mg were documented next to the

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medication entry on her MOR.

Review of her medication containers revealed the only dose available was 150 mg tablets therefore, the prescribed dose was being given and the MOR was improperly updated when 100 mg was documented.

On at 1:34 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class III

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.

Findings:

Caregiver B was hired on . Her personnel record did not contain a written statement from a health care provider documenting freedom from communicable , as required.

On at 3:05 p.m. the administrator confirmed the finding.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on observations, personnel record reviews, and interview, the facility failed to ensure 1 of 2 unlicensed caregivers (A) who assisted with self-administered medications completed the initial training.

Findings:

Observations made on at 12:15 p.m. revealed caregiver A assisted resident #4 with self-administration of her medications.

Caregiver A was hired on 11/15/17. Her personnel record did not contain documented evidence to indicate she completed the required 4-hour initial training on assisting with self-administered

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medications.

On at 2:40 p.m. the administrator confirmed the findings.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 3 direct care staff (A) received at least one hour of training in the facility's policy and procedures regarding ( ) that included information in Rule 58A-5.0186, F.A.C.

Findings:

Caregiver A was hired on 11/15/17. Her personnel record contained a certificate of training on , dated , however the duration of the training was not on the certificate to indicate she received at least 1 hour of training, as required.

Additionally, the record contained a certificate of training on , dated , however the training was provided by an online company and did not include instructions on the facility's policy and procedures. The caregiver signed the facility's policy on however, there was no indication on the signed document to indicate she received at least 1 hour of training.

On at 2:20 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class III

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

Based on observations, record reviews, and interview, the facility failed to keep regular and therapeutic menus on file in the facility for 6 months, failed to date and plan menus at least 1 week in advance, and failed to note food substitutions before or when a meal was served.

Findings:

Observations made of the lunch meal on at 12:04 p.m. revealed the residents were served

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either lunch meat turkey on bread or chicken wings, chips, strawberries, and pickles.

The menu posted on the refrigerator was labeled "week 4" but was not dated. The menu indicated that tuna on a croissant or bread, tomato, lettuce, potato salad, and fruit delight would be served for lunch.

At 12:20 p.m. the administrator said the menus were never dated but rather the staff knew which menu should be used by reading a dry erase board located in the kitchen that was updated every Saturday. There was nothing written on the board at the time of the survey. The administrator confirmed this. The most recent dated menus provided by the administrator were from

Additionally, the substitutions served for the lunch meal were not noted before or when the meal was served, as required.

Photographic evidence obtained.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to develop written policies and procedures for its emergency environmental control plan (plan) that addressed wellness checks by the facility staff to monitor residents for signs of and heat injury and a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

Findings:

Review of the facility's plan and associated documents provided by the administrator revealed no policies that addressed the required resident wellness checks and a provision for obtaining medical intervention from emergency services.

On at 3:30 p.m. the administrator said policies were not developed to include the required provisions.

Class III

E210 - ECC - Training - 58A-5.0191(8) FAC

Based on personnel record reviews and interview, the facility failed to ensure 1 of 2 direct care staff (A)

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completed at least 2 hours of in-service training within 6 months of beginning employment in the facility that addressed Extended Congregate Care (ECC) concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.

Findings:

The facility holds an ECC license.

Caregiver A was hired on 11/15/17. Her personnel record did not contain documented evidence to indicate she completed at least 2 hours of the required ECC in-service training.

On [redacted] at 2:32 p.m. the administrator confirmed the findings.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on review of the facility's online background clearinghouse employee roster, personnel record reviews, and interview, the facility failed to update the employment status for 2 of 4 sampled staff (B and C) within 10 business days of a change.

Findings:

Caregiver B was hired on . . . . Review of the facility's background clearinghouse on . . . . at 10:20 a.m. revealed she was not listed. Review of the background screening website revealed staff B had an eligible Level II background screening as of . . . . The administrator confirmed the findings.

Caregiver C was active on the roster with a hire date of . . . . At 10:46 a.m. the administrator said caregiver C no longer worked at the facility effective . . . . The administrator confirmed the caregiver no longer worked at the facility.

Unclassified