Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11970422 | A. BUILDING: _____ B. WING _____ | 10/28/2025 |

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| MAGNOLIA ALF | 149 MAGNOLIA AVE SEBRING, FL 33870 |

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| A 000 | Initial Comments<br><br>A complaint investigation (#2025016052) in conjunction with a generator monitoring visit was conducted at Magnolia ALF on . Deficiencies were identified at the time of the survey. | A 000 | | |
| A 025 SS=I | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of | A 025 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| A 025 | Continued From page 1<br><br>resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to ensure staffing to provide daily observation of the activities of the resident while on the premises or an awareness of the general health, safety, and physical well-being of the residents for one (Resident #9) of one sampled resident, also placing all residents at risk due to unsafe smoking practices inside the facility; and based on interview and record review the facility failed to maintain awareness of the general health, safety, and physical and emotional well-being appropriate to the needs of residents accepted for admission. This lack of staffing oversight that led to | A 025 | | |

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| A 025 | Continued From page 2 | A 025 | | |

elopements by Resident #10, Resident #11 and Resident #15 placed all residents at significant risk of serious injury or harm.

Findings included:

A record review of local fire reports conducted on revealed the following:

" On a fire crew responded with law enforcement to a fire alarm triggered by a resident smoking a vape in the hallway.

" On a fire crew responded to a fire alarm activated by a resident smoking in their room.

" On the fire crew found that a staff member had removed a smoke detector and put it upon the fire crew's arrival and a resident was found to be smoking in their room. A fire watch was activated as the alarm panel was in trouble mode and could not be reset.

" On a fire alarm was activated from smoke detector due to resident smoking in their room.

During an observation conducted on at 11:15 a.m. Staff A and surveyor walked into Resident #9's room and found a lighter and an unknown substance on foil. Law enforcement was contacted and arrived at 11:56 a.m.

A record review of facility incident reports conducted on revealed the following:

" On at 3:30 a.m. Resident #15 eloped through a gate and was found at the nearby apartment ,

" On at 1:30 a.m. Resident #13 threatened harm to self, law enforcement and hospital staff and was .

" On at unknown time facility

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| A 025 | Continued From page 3<br><br>received a call from law enforcement that Resident #9 was found behind the police station and threatened harm to roommate and was<br><br>" On at unknown time Resident #17 was fighting with another resident and law enforcement was called.<br>" On at unknown time Resident #20 punched Resident #18 in the .<br>" On at 7:00 a.m. Resident #17 attempted to get physically and verbally aggressive with staff and punched an office window and law enforcement was called.<br>" On at 3:18 a.m. Resident #15 eloped and was found at a local , by law enforcement.<br><br>A record review of the facility adverse incident report for Resident #10 conducted on revealed Resident #10 eloped on at 10:30 p.m. Law enforcement was contacted at 11:30 p.m. and Resident #10 was returned to the facility via a paid ride share from a family member at 5:00 p.m. on .<br><br>A record review of the facility adverse incident report for Resident #11 conducted on revealed an elopement on at 10:30 a.m. Resident #13 informed the staff at 6:30 p.m. that Resident #11 was in Naples, Florida but would not give an exact location. Law enforcement was contacted at 10:30 p.m. Staff still had not reached a family member for Resident #11 by at 9:00 a.m. No return date was listed on the adverse incident report.<br><br>A record review for Resident #13 conducted on the Agency for Healthcare Administration Resident Health Assessment | A 025 | | |

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| A 025 | Continued From page 4<br><br>1823 dated revealed or behavior status of major severe and current or most recent episode ; severe.<br><br>A record review for Resident #20 conducted on the Agency for Healthcare Administration Resident Health Assessment form 1823 dated revealed a diagnosis of type and precautions.<br><br>A record review for Resident #9 conducted on the Agency for Healthcare Administration Resident Health Assessment form 1823 dated revealed a diagnosis of type. The mental health discharge paperwork dated revealed a "problem" listed as " " with a note that law enforcement arrived at the facility parking lot for a suspicious person and Resident #9 wanted to shoot someone at the facility. Additionally, it said that Resident #9 suffered from and .<br><br>During an interview conducted on at approximately 10:45 a.m. the Owner reported all residents in the facility were limited mental health and they were trying to hire more staff. The Owner said the facility had two to three staff on day and evening shifts, and one staff on night shift. The Owner agreed that the facility needed to increase the staffing. Additionally, the Owner said the facility obtained a quote for all exterior gates to have magnet locks as residents would leave the facility without signing out. Furthermore, the Owner said there was no admission criteria policy and asked if the facility needed one. | A 025 | | |

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| A 025 | Continued From page 5<br><br>During an interview conducted on from 11:10 a.m. to 11:29 a.m. Staff A said there was no specific behavior documentation process and was not aware of residents' care plans. Additionally, Staff A said Resident #21 had run unclothed through town and was currently out of the facility for evaluation in a behavioral unit.<br><br>During an interview conducted on at 11:42 a.m. The Resident Care Coordinator (RCC) reported Resident #11 eloped and took a bus to Naples and came to the facility approximately two days later. The RCC reported that some residents just leave the facility without signing out. Additionally, the RCC said there were no elopement assessments done and the facility followed what was indicated on the resident 1823. Furthermore, the RCC had no knowledge of Resident #20 punching Resident #18 in the and asked the surveyor the date of the incident report.<br><br>During an interview conducted on between 11:12 a.m. and 11:58 a.m. the Administrator reported two residents eloped. Additionally, the Administrator reported that they were still working on obtaining community support plans for the residents. The Administrator said Resident #9 had been a "couple of times" and that it was easy for the residents to get drugs, and that law enforcement was investigating it.<br><br>In an attempted record review of resident behavior tracking conducted on no resident behavior tracking was provided.<br><br>A record review of the un-dated facility policy entitled "Elopement Policy" conducted on the procedure listed: | A 025 | | |

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| A 025 | Continued From page 6<br><br>" "Documentation of the ⌄ status of each resident should be included in the admission paperwork or admission assessment done at or before admission. Changes in status in physical abilities, safety awareness or functional ⌄ status will be documented in the resident file and should initiate a reassessment. The elopement risk assessment will be utilized to document any changes. The facility will also complete the risk assessment bi-annually.<br>" If a resident is deemed to be unable to safely travel alone in the community the facility administrator will communicate with the Resident, Resident's responsible party/POA and the facility staff what steps will be taken to maintain resident safety.<br>" If a resident has been determined to be at risk for elopement behaviors, facility staff should make at least a daily attempt to ensure that their resident has identification either on their person or in their possession that identification should have their name as well as the name of the facility and contact phone number."<br><br>In a record review conducted on of the facility staffing schedule for the week of through there were a total of 347.50 direct care staff hours for the census of 49. Additionally, there was one employee scheduled from 11:00 p.m.-7:30 a.m. for a total of 49 residents with limited mental health diagnoses.<br><br>Photographic evidence obtained.<br><br>Class II | A 025 | | |
| A 152 SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other | A 152 | | |

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| A 152 | Continued From page 7<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility | A 152 | | |

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| A 152 | Continued From page 8<br><br>failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order that could effect 49 of 49 residents.<br><br>Findings included:<br><br>A record review was conducted on of a local fire inspection report dated that revealed the kitchen hood when activated did not annunciate to the fire alarm panel as per code (photographic evidence obtained).<br><br>During an interview on at 9:56 a.m. the Administrator agreed the fire alarm panel needed to be able to identify when the kitchen hood fire system was activated.<br><br>Class III | A 152 | | |
| A 162 SS=D | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. ,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance ,<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the resident's health care practioner and case | A 162 | | |

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| A 162 | Continued From page 9<br>manager, if applicable.<br>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.<br>(f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken.<br>(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.<br>(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.<br>(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. | A 162 | | |

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| A 162 | Continued From page 10<br>(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S.<br>(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S.<br>(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , { }, CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.<br>(m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.<br>(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C.<br>(o) The resident's , DH Form 1896, if applicable.<br>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the | A 162 | | |

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| A 162 | Continued From page 11<br><br>names of residents participating in this arrangement.<br>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.<br>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review the facility failed to maintain a completed copy of the Agency for Healthcare Administration Resident Health Assessment (1823) for three (Resident #12, Resident #13 and Resident #14) of eleven sample residents; and the facility failed to maintain resident records with an updated copy of the 1823 that documented significant conditions or changes for four (Resident #10, Resident# 11, Resident #12 and Resident #15) of eleven sampled residents; and based on record review and interview the facility failed to maintain a completed 1823 that met the criteria for residency for three (Resident #7, Resident #10 and Resident #11) of eleven sampled residents.<br><br>Findings included:<br><br>A record review for Resident #7 conducted on revealed an 1823 dated showed Resident #7 was a danger to themself or others and required 24-hour , , care. | A 162 | | |

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|---|---|---|---|---|
| A 162 | Continued From page 12<br><br>A record review for Resident #14 conducted on revealed an 1823 dated .<br>The facility zip code and examiner phone number and address were blank.<br><br>A record review for Resident #13 conducted on revealed an 1823 dated .<br>The examiner phone number and address were blank.<br><br>A record review for Resident #10 conducted on revealed an adverse incident report for elopement on and an 1823 dated with no elopement risk marked.<br>Additionally, the 1823 was marked as needs cannot be met in an assisted living facility.<br><br>A record review for Resident #11 conducted on revealed an adverse incident report for elopement on and 1823 dated with no elopement risk marked.<br>Additionally, the 1823 was marked as requiring medication administration.<br><br>A record review for Resident #12 conducted on revealed an adverse incident with a resulting in a on .<br>The 1823 dated was blank for assistance required for medications and listed no risk, special precautions, or .<br><br>A record review for Resident #15 conducted on revealed incident reports for elopement dated and .<br>The 1823 dated listed no elopement risk.<br><br>During an interview on at 2:45 p.m. the Resident Care Coordinator said the facility did not employ nurses and were working on the | A 162 | | |

Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11970422 | A. BUILDING: _____ B. WING _____ | 10/28/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MAGNOLIA ALF | 149 MAGNOLIA AVE SEBRING, FL 33870 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| A 162 | Continued From page 13<br>charts and 1823 updates.<br><br>Photographic evidence obtained.<br><br>Class III | A 162 | | |