

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970422	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/17/2026
NAME OF PROVIDER OR SUPPLIER MAGNOLIA ALF		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
{A 000}	Initial Comments A revisit to a change of ownership survey and complaint investigation (# 2025012508 & #2025013322) was conducted at Magnolia ALF on . The facility had deficiencies at the time of the survey.	{A 000}	
{A 120} SS=D	429.17(3), .275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility	{A 120}	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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{A 120}	Continued From page 1 failed to ensure financial bills were kept up to date in order to ensure adequate resources to meet facility census of seven residents' needs. Findings included: A record review of the facility's financial documents revealed a past due electric bill in the amount of \$352.49 and a past due water company bill in the amount of \$202.00. During an interview on _____ at 12:30 p.m., the Resident Care Coordinator agreed the facility had past due electric bill in the amount \$352.49 and a past due water bill in the amount of \$202.00. Photographic evidence obtained Class III	{A 120}		