STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	12/02/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Magnolia Retirement Home, Inc.	149 Magnolia Avenue Sebring, FL 33870	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0032-Resident Care - Elopement Standards-12/02/2013
L243-Lmh - Training-12/02/2013

Revisit Repeat Tags:

Z827-Unlicensed Activity-408.812, Fs

Specific Tag Findings:

0000-Initial Comments

A revisit was conducted on 12/02/13 to the complaint survey of 10/09/13.

The Magnolia Retirement Home, Inc., assisted living facility, had an uncorrected deficiency: Z827.

Z827-Unlicensed Activity 408.812, FS

Based on record review and interview, the facility still provided a Limited Nursing Service to one of one sampled resident (#1) for which the facility did not have a license to provide. Findings include:

Resident record review during the revisit found a nursing progress note from the home health provider dated that stated "...attempting to teach donning of hose on his own. Patient not able to do it..." A subsequent note from read "...patient will not be able to donn hose on his own." Further review of the file found no official discontinuation order from a physician, nor a renewed prescription for home health intervention to provide daily hose assistance from licensed staff. In an interview with the administrator at approximately 1pm on , he was not able to clarify the status of Resident #1 with respect to the hose, indicating that "he was under the impression that the home health agency had been in touch with the doctor about the issue", but could not specify what services, if any, were actually being rendered to this resident with respect to the hose-related situation.

(Please Note: This is an Uncorrected Deficiency)

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Magnolia Retirement Home, Inc.
149 Magnolia Avenue
Sebring, FL 33870

Dear Administrator:

Re: **CCR# 2013011501** & Revisit

This letter reports the findings of a complaint survey and a state licensure revisit survey that were conducted on 2, 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey and the uncorrected deficiency that was identified relative to the revisit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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