STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	**07/25/2014**
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)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited mental health (LMH) services was conducted on 7/25/14, in conjunction with a complaint survey, CCR# 2014004724.

The Magnolia Retirement Home, Inc., assisted living facility, had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 4, 2014

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

RE: CCR# 2014004724 & Biennial

Dear Administrator:

This letter reports the findings of a complaint survey and biennial state licensure survey with limited mental health (LMH) completed on July 25, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating no deficiencies were identified during these surveys.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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