

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/30/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910102	(X3) DATE SURVEY COMPLETED 06/23/2016
NAME OF PROVIDER OR SUPPLIER MAGNOLIA RETIREMENT HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 149 MAGNOLIA AVENUE SEBRING, FL 33870	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation (CCR#2016005100) was conducted on 6/23/2016 at Magnolia Retirement Home (license # 4947). Magnolia Retirement Home did not have any deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 30, 2016

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

RE: CCR #2016005100

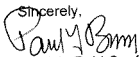
Dear Administrator:

This letter reports the findings of a complaint survey completed on June 23, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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,

for Patricia Reid Cauffman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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