STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967623	**06/29/2016**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **103 YACHT HAVEN DRIVE** **COCOA BEACH, FL 32931**	

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

0000 Initial Comments

An Extended Congregate Care (ECC) monitoring visit was completed on 06/29/2016 at the Magnolia House Assisted Living Facility, Cocoa Beach 32903, License # 11610. The facility had no deficiencies at the time of the survey.

At the time of the survey, there were no residents receiving Extended Congregate Care services.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 30, 2016

Administrator
Magnolia House
103 Yacht Haven Drive
Cocoa Beach, FL 32931

RE: Extended Congregate Care monitoring

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 29, 2016, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/b
Enclosure

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