

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/05/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910102	(X3) DATE SURVEY COMPLETED 08/01/2016
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

On August, 1, 2016, a biennial re-licensure survey with limited mental health (LMH) services was conducted at Magnolia Retirement Home, Assisted Living Facility, (Lic. # 4947). There was no deficient practice identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 5, 2016

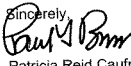
Administrator
Magnolia Retirement Home, Inc.
149 Magnolia Avenue
Sebring, FL 33870

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on August 1, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FCV Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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