STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	R **01/04/2018**
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 January 4, 2018 a Revisit to 10/24/17 complaint CCR#2017010786 & CCR#2017008454 in conjunction with a complaint CCR#2017013615 was conducted at Magnolia Retirement Home, Inc. All previous cited deficiencies were corrected at the time of the visit. No additional deficiencies were identified.
(license #4947)