

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910102	(X3) DATE SURVEY COMPLETED 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 complaint survey, (CCR# 2017013615), in conjunction with a revisit to 10/24/17 complaint surveys, (CCR#2017010786 & CCR# 2017008454), was conducted at Magnolia Retirement Home, Inc., Assisted Living Facility. No deficiencies were identified during the visit. (License # 4947)		