STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	**05/08/2018**
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 - , a complaint survey, (CCR# 2018005632), was conducted at Magnolia Retirement Home, Inc. Deficiencies were identified during the visit.

(license #4947)

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to maintain the minimum required direct care staffing hours for their census of 32 residents.

Findings Included:

Record review on , 2018 of the staffing schedule for , 2018 until , 2018, revealed that the facility had 259 direct care staffing hours scheduled for the week. On the facility had a resident census of 32, requiring them to maintain 294 direct care staffing hours. Additionally, the scheduled hours included the Administrator and the Assistant Administrator who also have Administrative duties to conduct on a daily basis, thus taking away from direct care staffing hours as scheduled.

Interview conducted on , 2018 at 3:04 pm with the Administrator revealed that the facility is short staffed. The administrator acknowledged and confirmed the facility is short on the required weekly hours.

Class II

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, interview and record review,the facility failed to provide a safe living environment, free from hazards and ensuring that all existing structural systems are maintained in good working order, free of water damage, and in compliance with local codes and requirements of the local health department for 32 residents currently residing in the facility. Additionally, the facility failed to

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	AL11910102	05/08/2018

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MAGNOLIA RETIREMENT HOME, INC.	**149 MAGNOLIA AVENUE SEBRING, FL 33870**

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

present a current satisfactory inspection from the local health department. These hazards presented a direct threat for the safety of the residents and rendered multiple resident unlivable.

Findings included:

On a review of an inspection from a local health department dated , revealed an unsatisfactory result with multiple violations.

During an interview with an inspector from the local health department on at 3:30 PM, the inspector confirmed the facility has multiple violations related to the general cleanliness, safety and maintenance of the building.

During a tour of the facility on , during the hours of 9:00 AM and 2:00 PM the following observations were made:
Annex building:
( ) #A6: observed shower leaking onto the resident and causing water damage to the baseboards and surrounding areas. No hot water was working in the shower or sink. The was not securely attached to the wall. Bags of garbage were observed on the floor.
: There were three residents living in the . There was a puddle of fluid on the . There was no hot water in the faucets in the shower or .
: The floor was dirty and had several dark marks on it. The had shaving cream, toothpaste and a brown substance on it. No hot water was working in the shower or sink.
: There was no cover on the air conditioning unit, the air conditioning ceiling vent was dirty with a mold-like substance all around it. Water damage was visible under the with a mold-like substance on the base.
: Observed loose wall trim , no dressers for the residents' personal belongings, the resident's mattress was sunken in with multiple visible stains and no covering. No working hot water in the shower or sink.

Main Building:
( ) #2, #4, #14, #15, #18, #20, #22, #24, #25, #26, #27, #A1, #A8, #A9 and #A10 were reportedly damaged during Hurricane Irma and are currently vacant. Water damage was observed on the walls, sunken ceilings, black mold-like substance on walls and ceilings, dirt and debris was covering the floors, old furnishings and bags of clothing were being stored in the , ceiling fans were hanging by electrical , multiple holes in walls and ceilings. Multiple were not accessible due to the door being blocked with storage items. The had a strong malodor that extended into the resident hallways. Multiple doors to these and other resident are in need of repair or replacement.

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

is currently vacant due to a reported t roach infestation.

As a result of the above not being habitable, the remaining require multiple residents to reside three residents per .

did not have a toilet lid, no closet light, shower drain cover was missing (open hole in the shower) mold-like substance on the shower head and shower curtain. A bottle of toilet bowl cleaner was observed on the shower ledge.

Outside:

The courtyard and areas surrounding the building had piles of building material, old furniture and broken light coverings. These areas were accessible to the residents and present a potential safety hazard.

Class II

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	**05/08/2018**
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 - , a complaint survey, (CCR# 2018005632), was conducted at Magnolia Retirement Home, Inc. Deficiencies were identified during the visit.

An amended Statement of Deficiencies was issued to the facility on .

(license #4947)

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to maintain the minimum required direct care staffing hours for their census of 32 residents.

Findings Included:

Record review on , 2018 of the staffing schedule for , 2018 until , 2018, revealed that the facility had 259 direct care staffing hours scheduled for the week. On the facility had a resident census of 32, requiring them to maintain 294 direct care staffing hours. Additionally, the scheduled hours included the Administrator and the Assistant Administrator who also have Administrative duties to conduct on a daily basis, thus taking away from direct care staffing hours as scheduled.

Interview conducted on , 2018 at 3:04 pm with the Administrator revealed that the facility is short staffed. The administrator acknowledged and confirmed the facility is short on the required weekly hours.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, interview and record review,the facility failed to provide a safe living environment, free from hazards and ensuring that all existing structural systems are maintained in good

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA RETIREMENT HOME, INC.	**149 MAGNOLIA AVENUE SEBRING, FL 33870**

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

working order, free of water damage, and in compliance with local codes and requirements of the local health department for 32 residents currently residing in the facility. Additionally, the facility failed to present a current satisfactory inspection from the local health department. These hazards presented a direct threat for the safety of the residents and rendered multiple resident unlivable.

Findings included:

On a review of an inspection from a local health department dated , revealed an unsatisfactory result with multiple violations.

During an interview with an inspector from the local health department on at 3:30 PM, the inspector confirmed the facility has multiple violations related to the general cleanliness, safety and maintenance of the building.

During a tour of the facility on , during the hours of 9:00 AM and 2:00 PM the following observations were made:
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

door being blocked with storage items. The had a strong malodor that extended into the resident hallways. Multiple doors to these and other resident are in need of repair or replacement.
is currently vacant due to a reported t roach infestation.

As a result of the above not being habitable, the remaining require multiple residents to reside three residents per .
did not have a toilet lid, no closet light, shower drain cover was missing (open hole in the shower) mold-like substance on the shower head and shower curtain. A bottle of toilet bowl cleaner was observed on the shower ledge.
Outside:
The courtyard and areas surrounding the building had piles of building material, old furniture and broken light coverings. These areas were accessible to the residents and present a potential safety hazard.

Class II