STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	R 06/27/2018

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)

0000 - Initial Comments

Assisted Living Facility

On , 2018 a Revisit to a 4/17/18 Complaint survey (CCR#2018002797, CCR#2018002381, CCR#2018001845) was conducted at Magnolia Retirement Home. At the time of the survey, Magnolia Retirement Home had deficient practice.

An amended Statement of Deficiencies was sent to the provider on .

(license #4947)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and interview, the facility failed to honor the resident's rights to live in a safe and decent living environment, clean and free from hazards for all (32) residents who currently reside at the facility.

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 11:30 AM, the inspector stated the facility has multiple violations related to the general cleanliness, safety and maintenance of the building. They stated the facility was unclean and remained in substandard repair from their previous visit.

During a tour of the facility on , during the hours of 9:00 AM and 4:00 PM the following observations were made:

Annex building:
All and in the annex building were observed. The and were observed to be unkept with dirt covered floors, garbage cans overflowing, beds unmade, sinks had toothpaste and other substances on them. Several toilets had what appeared to be and feces visible on the surfaces.

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( )# A2: 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.

During an interview with the Administrator on at 10:10 AM, they stated there is currently no housekeeper in the facility, she is out sick. . . . are not being cleaned.

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 currently vacant. Water damage was observed on walls, multiple ceilings appeared sunken, black mold-like substance was observed on walls and ceilings, dirt and debris were 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.

Ants were observed in multiple resident hallways.

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.

Class II

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to maintain a three-day emergency supply of water with their non-perishable food.

Findings Included:

On . . . . . at 1:00 PM, an observation of the facility's emergency water supply was conducted. Four 5-gallon bottles of water with no lids were observed in a closet with miscellaneous items on top of them. No other water supply was observed.
The Administrator stated in an interview at the time of the observation that they had no other emergency water supply and that they understand that it is not stored properly. They stated "It looks bad because it

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SUMMARY STATEMENT OF DEFICIENCIES
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is hurricane season."

Class III