STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	R 08/20/2018

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 [redacted], 2018 a 2nd Revisit to 5/8/18 and 6/27/18 Complaint CCR#2018005632 survey was conducted at Magnolia Retirement Home. Deficiencies were identified at the time of 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 294 direct care staffing hours for a current resident census of 32.

Findings Included:

During a record review on [redacted], 2018 of the direct care staffing schedule for [redacted], it revealed the facility had 208 direct care staffing hours scheduled for the week. On [redacted] 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.
On the date of survey, both the Administrator and the Assistant Administrator were scheduled for 9:00 AM and neither was present in the facility at that time.

During an interview with the Administrator on [redacted], 2018 at approximately 2:00 PM they 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 record review, observation and interview 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 for 32 residents currently residing in the facility. Additionally, the facility failed to present a current satisfactory inspection from the local health department.

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

Findings included:

On [redacted] a review of an inspection from a local health department dated [redacted], revealed an unsatisfactory result with multiple violations including maintenance, construction, cleanliness/odors and screening.

During an interview with an inspector from a state agency on [redacted] at approximately 8:30 AM, the inspector stated the facility had multiple violations related to the general cleanliness, safety and maintenance of the building. They stated the facility was still unclean and in substandard repair from their previous visits.

During a tour of the facility on , during the hours of 10:00 AM and 1:00 PM the following observations were made:

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, 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 [redacted], 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 [redacted] had a strong malodor that extended into the resident hallways. Multiple doors to these and other resident [redacted] are in need of repair or replacement.

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

Class III