STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	R **10/16/2018**
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 , 2018, a revisit to the biennial survey with Limited Mental Health was conducted at Magnolia Retirement Home, Inc. (License# 4947) in conjunction with a second revisit to a complaint (CCR#2018007931 and 2018007527). At the time of the survey, the facility had deficient practice.

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on employee record review and interview, the facility failed to ensure that staff received Limited Mental Health (LMH) within 6 months of employment for 1 staff (Staff B) out of 2 employee records reviewed.

Findings Included:

Employee record review conducted on revealed Staff B with a date of hire of was missing the required LMH training.

An interview with the Administrator was conducted on beginning at 11:10am. The Administrator confirmed Staff B had not received the required LMH training.

Class III