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 second revisit to a complaint (CCR#2018007931 and 2018007527) was conducted in conjunction with a revisit to the biennial survey with Limited Mental Health at Magnolia Retirement Home, Inc. (License# 4947). At the time of the survey, the facility had deficient practice.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to maintain an approved County Emergency Management Plan (CEMP).

Findings Included:

Record review conducted on revealed a letter from the local Emergency Operations Department dated . . . . . . The letter stated the facility had submitted a CEMP and the plan was in review.

Interview conducted on at 10:00am with the Administrator revealed the facility had recently submitted the CEMP and did not have an approved CEMP.

Class III