STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	R **12/19/2018**
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 December 19, 2018, a third revisit to a 4/17/18 Complaint (CCR#2018002797, 2018002381 and 2108001845) survey in conjunction with a third revisit to a 5/8/18 Complaint (CCR# 2018005632), a third revisit to a 6/27/18 Complaint (CCR#2018007931 and 2018007527), and a second revisit to an 8/20/18 Biennial Survey with Limited Mental Health was conducted at Magnolia Retirement Home, Inc. (License# 4947). At the time of the survey, no deficient practice was found related to this revisit.