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 , , a third revisit to a Complaint (CCR# 2018005632) in conjunction with a third revisit to a Complaint (CCR#2018007931 and 2018007527), a second revisit to an Biennial Survey with Limited Mental Health, and a third revisit to a Complaint (CCR#2018002797, 2018002381 and 2108001845) was conducted at Magnolia Retirement Home, Inc. (License# 4947). Deficient practices was identified during the survey.

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 of the direct care staffing schedule for - , it revealed the facility had 232 direct care staffing hours scheduled for the week. On the facility had a resident census of 32 residents, 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 Assistant Administrator were scheduled for 9:00 AM and were not present in the facility at that time.

During an interview with the Administrator on at approximately 11:10am, 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 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

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SUMMARY STATEMENT OF DEFICIENCIES
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residents currently residing in the facility.

Findings Included:

During a tour of the facility on , during the hours of 9:15 AM and 11:35 AM the following observations were made:

Main Building:
Rooms (RMs) #2, #4, #14, #18, #20, #22, #A1, #A8, #A9 and #A10 were reportedly damaged during Hurricane Irma and were vacant. Black mold-like substance was on the walls and ceilings, debris was covering the floors, old furnishings and bags of clothing were being stored in the rooms, ceiling fans were hanging by electrical . . . . Multiple rooms were not accessible due to the door being blocked with storage items. The rooms had a strong malodor that extended into the resident hallways.

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

The Administrator was interviewed on at 10:34am and stated, "we are waiting for the owner to get everything in storage." At 11:15am the Administrator stated, "we do everything shorthanded, when you come for your next revisit the stuff will not be there."

Class III