STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910102	R 12/19/2018

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

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 there was no letter of submission or approval for the facility's CEMP.

Interview conducted on at 9:30am with the Assistant Administrator confirmed they had not resubmitted the CEMP and did not have an approval letter.

Class III