

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/18/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910846	(X3) DATE SURVEY COMPLETED 11/12/2013
NAME OF PROVIDER OR SUPPLIER Dogwood Inn	STREET ADDRESS, CITY, STATE, ZIP CODE 108 Wagner Road Bonifay, FL 32425	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

Z815-Background Screening; Prohibited Offenses-11/12/2013

0000-Initial Comments

A desk review follow-up was completed 11/18/2013. The previously cited deficiency Z815 was found to be corrected on 11/12/2013. The facility has no deficiencies.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 18, 2013

Administrator
Dogwood Inn
108 Wagner Road
Bonifay, FL 32425

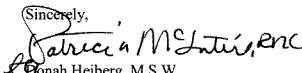
Dear Administrator:

This letter reports the findings of a desk review follow-up to the licensure survey of August 8, 2013.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McIntire, RNC
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

DT9D

