

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910846	(X3) DATE SURVEY COMPLETED 11/26/2014
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:

0078-Staffing Standards - Staff-11/26/2014

0152-Physical Plant - Safe Living Environ/other-11/26/2014

L243-Lmh - Training-11/26/2014

0000-Initial Comments

On November 26, 2014, an unannounced revisit to a complaint (CCR#2014009764) was conducted at Dogwood Inn Assisted Living Facility in Bonifay, Florida. The facility had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 3, 2014

Administrator
Dogwood Inn
108 Wagner Road
Bonifay, FL 32425

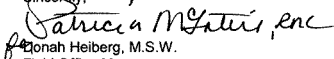
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 26, 2014 by a representative of this office.

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 McGowan, M.S.W.
Field Office Manager

DH/pm
Enclosure

DT9D

