

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963723	(X3) DATE SURVEY COMPLETED 01/29/2015
NAME OF PROVIDER OR SUPPLIER Chipola Health And Rehabilitation Center	STREET ADDRESS, CITY, STATE, ZIP CODE 4294 Third Avenue Marianna, FL 32446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A desk review revisit survey was completed on January 29, 2015 for Nursing Pavilion at Chipola. Based on an acceptable plan of correction and supporting documentation, deficiencies were corrected.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 29, 2015

Administrator
Chipola Health And Rehabilitation Center
4294 Third Avenue
Marianna, FL 32446

Dear Administrator:

This letter reports the findings of an Extended Congregate Care monitoring survey desk review revisit conducted on January 29, 2015 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. Should you have any questions please call me at 850-412-4540.

Sincerely,


for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

DT9D

