

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/04/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963723	(X3) DATE SURVEY COMPLETED 07/27/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On July 27, 2015 an unannounced extended congregate care monitoring survey was conducted at Chipola Health and Rehabilitation Assisted Living Facility in Marianna, FL. No deficiencies were identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 4, 2015

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

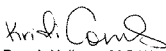
Dear Administrator:

This letter reports findings of a state licensure monitoring visit that was conducted on July 27, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,


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

DH/kc
Enclosure

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