

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910846	(X3) DATE SURVEY COMPLETED 04/25/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced biennial survey with specialty license for limited mental health services was conducted at Dogwood Inn Assisted Living Facility, license #5200 from 4/24/17 through 4/25/17. At the time of survey there were no deficiencies identified.		