STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910846	**11/01/2017**
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 complaint survey for allegations contained within CCR# 2017008995 was conducted at Dogwood Assisted Living Facility (license# 5200) in Bonifay FL on 11/1/2017. At the time of the survey, no deficient practice was identified.