STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968666	R **09/01/2017**
NAME OF PROVIDER OR SUPPLIER **HOMEWOOD LODGE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **430 SE MILLS ST** **MAYO, FL 32066**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On 09/01/17 an unannounced follow-up Complaint Survey CCR#2017005033 was conducted at Homewood Lodge Assisted Living facility in Mayo. Deficiencies previously identified has been corrected as of this date. The facility is now in compliance at this time. License#AL12528.