STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963723	**06/19/2018**
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

An unannounced abbreviated biennal relicensure survey, including Extended Congregate Care and Limited Mental Health services, was conducted on June 19, 2018 at Chipola Health and Rehabilitation Center, an assisted living facility in Marianna, Florida (License # 5008). No deficient practice was identified at the time of the survey.