STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910846	**07/26/2018**
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 monitoring visit to complete a generator assessment was conducted at Dogwood Inn on 7/26/2018. At the time of the visit, there were no deficiencies identified.