STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963723	**07/27/2018**
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

On July 27, 2018 a monitoring visit to conduct a generator assessment was conducted at Chipola Health and Rehabilitation Center, state license # 5008. At the time of the visit, no deficient practice was identified.