STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969299	R **08/30/2018**
NAME OF PROVIDER OR SUPPLIER **BOSWELL MANOR, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2185 HWY 173** **BONIFAY, FL 32425**	

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

0000 - Initial Comments

On August 30, 2018, a desk review revisit survey was completed for the initial licensure survey ending August 21, 2018 at Boswell Manor, (application #67998). Based on an acceptable corrective action plan with supporting documentation, deficiencies were found corrected.