

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968666	(X3) DATE SURVEY COMPLETED 09/14/2018
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 September 14, 2018, an unannounced Emergency Power Plan Monitoring survey was conducted at Homewood Lodge Assisted Living Facility (License #12528) in Mayo, FL. No deficient practice was identified at the time of the survey.		