

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/19/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910846	(X3) DATE SURVEY COMPLETED 03/05/2019
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 complaint survey (CCR2019002310) and closure monitoring survey was conducted at Dogwood Inn Assisted Living Facility on 3/5/2019. At the time of survey the allegations were not substantiated.