STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968666	C **02/11/2019**
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 [redacted] an unannounced complaint survey (CCR #2018017508) was conducted at Homewood Lodge an Assisted Living Facility in Mayo, FL. No deficient practice was identified at the time of the survey.