| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963723** | **12/11/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**CHIPOLA HEALTH AND REHABILITATION CENTER** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4294 THIRD AVENUE**<br>**MARIANNA, FL 32446** | |

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

**0000 - Initial Comments**

ECC/monitoring
An unannounced Extended Congregate Care monitoring survey was conducted on December 11, 2017 at Chipola Health and Rehabilitation Center Assisted Living Facility (license# 5008). No deficiencies were identified at the time of the survey.