

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969433	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/07/2022
NAME OF PROVIDER OR SUPPLIER SEAGRASS VILLAGES OF PANAMA CITY BEACH		STREET ADDRESS, CITY, STATE, ZIP CODE 401 N ALF COLEMAN ROAD PANAMA CITY BEACH, FL 32407			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments An unannounced revisit survey for the complaint survey (2022003945, 2022004276 and 2022005544) was conducted by desk review for Seagrass Village of Panama City Beach on June 7, 2022. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE