

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11965612

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
7/2/2013

Name of Facility

MATHISON RETIREMENT CENTER

Street Address, City, State, Zip Code
3637 WEST HIGHWAY 390
PANAMA CITY, FL 32405

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0004	Correction Completed 07/02/2013	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.016 FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Reviewed By

Date:
Date:

Signature of Surveyor:
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:

3/4/2013

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965612	(X3) DATE SURVEY COMPLETED 07/02/2013
NAME OF PROVIDER OR SUPPLIER Mathison Retirement Center	STREET ADDRESS, CITY, STATE, ZIP CODE 3637 West Highway 390 Panama City, FL 32405	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced complaint revisit and capacity increase survey was conducted at Mathison Retirement Center Assisted Living Facility on 7/2/2013. No deficient practice was identified at the time of the survey. The previously identified deficient practice was found corrected.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 8, 2013

Administrator
Mathison Retirement Center
3637 West Highway 390
Panama City, FL 32405

RE: Capacity Increase Plus Revisit to Complaint

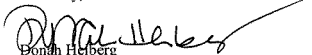
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 2, 2013 by representative(s) of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Helberg
Field Office Manager

DH/dh
Enclosure

DT9D

