AH Form Approved
9/24/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11966524

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/13/2013

Name of Facility
PROVISION LIVING AT PANAMA CITY

Street Address, City, State, Zip Code
6012 MAGNOLIA BEACH ROAD
PANAMA CITY, FL 32408

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0025** Reg. # **58A-5.0182(1) FAC** LSC	**09/13/2013**	ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	**09/13/2013**	ID Prefix **A0077** Reg. # **58A-5.019(1) FAC** LSC	**09/13/2013**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency — **Reviewed By** KQ — **Date:** 9/24/13 — **Signature of Surveyor:** Lila Jackson / KQ — **Date:** 9/24/13

Reviewed By CMS RO — **Reviewed By** — **Date:** — **Signature of Surveyor:** — **Date:**

Followup to Survey Completed on:
8/9/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966524	**09/13/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Provision Living At Panama City	**6012 Magnolia Beach Road Panama City, FL 32408**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 09/12/2013 thru 09/13/2013 a revisit survey to a previous complaint survey (2013008182) was conducted at Provision Living At Panama City Assisted Living Facility. The revisit was conducted in conjunction with a new complaint survey (CCR#2013009352, CCR#2013009476 and CCR#2013009543). At the time of survey the deficiencies to the revisit were found corrected and no new deficiencies were identified.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 24, 2013

Administrator
Provision Living At Panama City
6012 Magnolia Beach Road
Panama City, FL 32408

Dear Administrator:

RE: CCR# 2013008182

This letter reports the findings of a state licensure survey revisit conducted on September 13, 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 Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

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Tallahassee, FL 32308
http://ahca.myflorida.com

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