

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/16/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910565	(X3) DATE SURVEY COMPLETED 10/09/2013
NAME OF PROVIDER OR SUPPLIER Lisenby On Lake Caroline	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West Eleventh Street Panama City, FL 32401	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced standard biennial survey with an Extended Congregate Care monitoring visit was conducted on 10/8-10/09/13 at Lisenby On Lake Caroline Assisted Living Facility. There were no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 17, 2013

Administrator
Lisenby On Lake Caroline
1400 West Eleventh Street
Panama City, FL 32401

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 8, 2013 through October 9, 2013 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

IGGN

