

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910565	(X3) DATE SURVEY COMPLETED 08/07/2014
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 complaint survey was conducted at Lisenby on Lake Caroline Assisted Living Facility located in Panama City, FL on 8/7/2014 to review CCR 2014006743. No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 8, 2014

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

RE: CCR #2014006743

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 7, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact me at 850-412-4540.

Sincerely,


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

DH/pm
Enclosure

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