



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 22, 2014

Administrator
Robinsons Residential Care
11921 Caruso Drive
Panama City, FL 32404

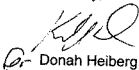
Dear Administrator:

This letter reports the findings of a monitoring survey conducted on August 14, 2014 by representatives of this office. The monitoring survey was conducted to assess compliance with the Directed Plans of Correction and the Settlement Agreement. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no new 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

1GGN

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone: 850-412-4540; Fax: (850) 922-9162
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910538	(X3) DATE SURVEY COMPLETED 08/14/2014
NAME OF PROVIDER OR SUPPLIER Robinsons Residential Care	STREET ADDRESS, CITY, STATE, ZIP CODE 11921 Caruso Drive Panama City, FL 32404	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 8/14/14 a monitoring survey was conducted at Robinson's Residential care for compliance with the Directed Plans of Correction and the Settlement Agreement. No new deficiencies were found at the time of the monitoring survey.