



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

August 26, 2014

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

**RE: CCR #2014006036; 2014006824; 2014005177; 2014005309**

Dear Administrator:

This letter reports the findings of a complaint survey (CCR# 2014006036 and CCR#2014006824) and a revisit survey (CCR#2014005177 and CCR#2014005309) completed on August 18, 2014 and August 19, 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,

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

DH/kb  
Enclosure

Tallahassee Field Office  
2727 Mahan Drive, Mail Stop #46  
Tallahassee, FL 32308  
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|                                                                                                        |                                                                                                  |                                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910538</b>                        | (X3) DATE SURVEY COMPLETED<br><br><b>08/19/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Robinsons Residential Care</b>                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>11921 Caruso Drive<br/>Panama City, FL 32404</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                  |                                                     |

**Revisit Corrected Tags:**

0052-Medication - Assistance With Self-Admin-08/19/2014

0056-Medication - Labeling And Orders-08/19/2014

0162-Records - Resident-08/19/2014

**0000-Initial Comments**

On 8/18/14 and 8/19/14 a Revisit survey was conducted to CCR#2014005177 and CCR#2014005309. In conjunction, a new complaint survey (CCR#2014006036 and CCR#2014006824) conducted at Robinson's Residential Care Assisted Living Facility. No new deficiencies were identified.