

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910568	(X3) DATE SURVEY COMPLETED 02/27/2015
NAME OF PROVIDER OR SUPPLIER Garden View Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 526 N. Mary Ella Ave. Panama City, FL 32404	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0152-Physical Plant - Safe Living Environ/other-02/27/2015

0000-Initial Comments

An unannounced revisit complaint (CCR# 2014012272) survey was conducted at Garden View Assisted Living Facility located in Callaway, FL on 2/27/2015. No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 3, 2015

Administrator
Garden View Alf
526 N. Mary Ella Ave.
Panama City, FL 32404

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 27, 2015 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,


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

DH/kb
Enclosure

DT9D

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