

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910565	(X3) DATE SURVEY COMPLETED 02/25/2015
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)		

Revisit Corrected Tags:

0092-Food Service - General Responsibilities-02/25/2015

0000-Initial Comments

An unannounced Revisit survey was conducted at Lisenby on Lake Caroline Assisted Living Facility located in Panama City, FL on 2/25/2015. No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 2, 2015

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

Dear Administrator:

This letter reports the findings of an Extended Congregate Care monitoring survey revisit conducted on February 25, 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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