

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968796	(X3) DATE SURVEY COMPLETED 03/24/2015
NAME OF PROVIDER OR SUPPLIER Superior Residences Of Panama City Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 95 Grand Heron Dr Panama City, FL 32407	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An announced Initial Licensure survey to include Limited Nursing Services and Extended Congregate Care was conducted at Superior Residences of Panama City Beach on 3/24/2015. No deficient practice was identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 25, 2015

Administrator
Superior Residences Of Panama City Beach
95 Grand Heron Dr
Panama City, FL 32407

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on March 24, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

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