

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/26/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968796	(X3) DATE SURVEY COMPLETED 05/21/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Limited Nursing Services and Extended Congregate Care monitoring visit was conducted at Superior Residences of Panama City Beach on 5/21/2015. No deficient practice was identified during the survey.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2015

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

Dear Administrator:

This letter reports findings of a Limited Nursing Services and Extended Congregate Care monitoring survey that was conducted on May 21, 2015 by a representative 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.

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,


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

DH/kb
Enclosure

1GGN

