

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/19/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966524	(X3) DATE SURVEY COMPLETED 08/12/2015
NAME OF PROVIDER OR SUPPLIER PROVISION LIVING AT PANAMA CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6012 MAGNOLIA BEACH ROAD PANAMA CITY, FL 32408	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An unannounced complaint survey was conducted at Provision Living at Panama City Assisted Living Facility on 8/12/2015 to review CCR 2015006841 and CCR 2015007064. The survey was conducted in conjunction with a revisit survey to a previous complaint (CCR# 2015005048). No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 20, 2015

Administrator
Provision Living At Panama City
6012 Magnolia Beach Road
Panama City, FL 32408

RE: CCR# 2015005048, 2015006841 and 2015007064

Dear Administrator:

This letter reports the findings of a state licensure complaint survey (CCR# 2015006841 and 2015007064) and a revisit to a previous complaint survey (CCR# 2015005048) conducted on August 12, 2015 by representative(s) 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(s). 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

