

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966524

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
8/12/2015

Name of Facility

Street Address, City, State, Zip Code

PROVISION LIVING AT PANAMA CITY

6012 MAGNOLIA BEACH ROAD
PANAMA CITY, FL 32408

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

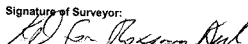
(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 08/12/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By

Reviewed By

Date:
8/19/15
Date:

Signature of Surveyor:

Signature of Surveyor:

Date:
8/19/15
Date:

Followup to Survey Completed on:
6/4/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

**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 R 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 Revisit complaint survey, CCR# 2015005048, was conducted at Provision Living at Panama City Assisted Living Facility on 8/12/2015. The survey was conducted in conjunction with a new complaint survey (CCR# 2015006841 and CCR 2015007064). 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

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone: 850-412-4540; Fax: (850) 922-9162
AHCA.MyFlorida.com



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