

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910538	(X3) DATE SURVEY COMPLETED 09/15/2015
NAME OF PROVIDER OR SUPPLIER ROBINSONS RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 11921 CARUSO DRIVE PANAMA CITY, FL 32404	

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

0000 Initial Comments

An unannounced Complaint survey was conducted at Robinson's Residential Care Assisted Living Facility located in Panama City, FL on 9/15/2015 to review the allegations of CCR 2015008587 and CCR 2015008848. No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2015

Administrator
Robinsons Residential Care
11921 Caruso Drive
Panama City, FL 32404

RE: CCR #2015008587 and 2015008848

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 15, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,

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

DH/kc
Enclosure

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