

10/29/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11910565	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/27/2015
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Name of Facility LISENBY ON LAKE CAROLINE	Street Address, City, State, Zip Code 1400 WEST ELEVENTH STREET PANAMA CITY, FL 32401
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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 A0053 Reg. # 58A-5.0185(4) FAC LSC	Correction Completed 10/27/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

8/17/2015

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: 10/29/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910565	(X3) DATE SURVEY COMPLETED R 10/27/2015
NAME OF PROVIDER OR SUPPLIER LISENBY ON LAKE CAROLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 WEST ELEVENTH STREET PANAMA CITY, FL 32401	

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

0000 Initial Comments

An unannounced revisit to the biennial survey was conducted at Lisenby On Lake Caroline Assisted Living Facility on 10/27/15. At the time of the revisit the deficient practice was corrected and no new deficient practice identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 30, 2015

Administrator
Lisenby On Lake Caroline
1400 West Eleventh Street
Panama City, FL 32401

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 27, 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

