

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965612	(X3) DATE SURVEY COMPLETED 11/25/2015
NAME OF PROVIDER OR SUPPLIER MATHISON RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3637 WEST HIGHWAY 390 PANAMA CITY, FL 32405	

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

0000 Initial Comments

An unannounced Limited Nursing Services monitoring visit was conducted at Mathison Retirement Center located in Panama City, FL on 11/25/2015. No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 3, 2015

Administrator
Mathison Retirement Center
3637 West Highway 390
Panama City, FL 32405

Dear Administrator:

This letter reports findings of a state licensure LNS monitoring survey that was conducted on November 25, 2015 by representative(s) 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

