

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/24/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910568	(X3) DATE SURVEY COMPLETED 02/16/2016
NAME OF PROVIDER OR SUPPLIER GARDEN VIEW ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 526 N. MARY ELLA AVE. PANAMA CITY, FL 32404	

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

0000 Initial Comments

CCR 2016001217

An unannounced complaint survey (CCR#2016001217) in conjunction with the Biennial Survey/Limited Mental Health was conducted at Garden View Assisted Living 2/15 - 2/16, 2016. At the time of survey the allegations were not substantiated.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 24, 2016

Administrator
Garden View ALF
526 N. Mary Ella Ave.
Panama City, FL 32404

RE: Licensure Survey with LMH and Complaint # 2016001217

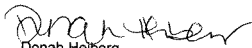
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 16, 2016 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 Helberg
Field Office Manager

DH/dh
Enclosure

1GGN

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