

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910565	(X3) DATE SURVEY COMPLETED 02/11/2016
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 Extended Congregate Care monitoring visit was conducted at Lisenby on Lake Caroline Assisted Living Facility in Panama City, FL on 2/11/2016. No deficient practice was identified during the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

February 17, 2016

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

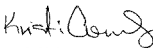
Dear Administrator:

This letter reports findings of a state extended congregate care monitoring survey that was conducted on February 11, 2016 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,


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

DH/kc
Enclosure

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