RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
[redacted] Residences Of Panama City Beach
95 Grand Heron Dr
Panama City, FL 32407

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2016 by representatives of this office. Attached is the provider's copy of the State (5000-0047) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968796	03/03/2016
NAME OF PROVIDER OR SUPPLIER RESIDENCES OF PANAMA CITY BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 95 GRAND HERON DR PANAMA CITY, FL 32407	

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

0000 Initial Comments

CHOW/LNS/ECC
An unannounced CHOW survey (including Limited Nursing Services and Extended Congregate Care) was conducted at Residences of Panama City Beach Assisted Living Facility on . At the time of survey there was deficient practice identified.

E210 ECC - Training

Based on record review and staff interview the facility failed to ensure that 3 of 3 sampled employees (#A, B, and C) completed at least 2 hours of extended congregated care training within 6 months of beginning employment in the facility.

The Findings:

On a record review was conducted of Employee #A (Date of Hire:), #B (Date of Hire:) and #C (Date of Hire:) personnel files for the extended congregated care training to find no training's in the files.

On at approximately 2:00 PM, an interview was conducted with the Director of Nursing who reported that all the nurses have training in extended congregated care, but was not aware that direct care staff needed the training.

class III