STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968796	10/07/2016
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

An unannounced Limited Nursing Services and Extended Congregate Care monitoring visit was conducted at Residences of Panama City Beach (license #12646) on . Deficient practice was identified at the time of the visit.

0093 Food Service - Dietary Standards

Based on observation, record review and staff interview the facility failed to provide all menu items or equivalent menu items during the lunch meal to 1 of 4 sampled residents. (Resident # 2)

The findings include:

An observation of resident #2 during the lunch meal was conducted on at approximately 11:53 AM. The resident was served baked fish and cole slaw. The resident was not served hush puppies or an equivalent menu item. The posted menu revealed residents were to be served fried or baked fish, cole slaw and hush puppies. Review of resident #2's record revealed a physician order dated for a mechanical soft diet. The record also revealed the resident received hospice care and had a 9 pound weight loss since 2016. An interview was conducted with the facility Chef on at approximately 12:30 PM. The facility Chef confirmed the resident was served fish and cole slaw because the resident could not eat hush puppies.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
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 , 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) 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 , 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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