STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965612	**10/18/2016**
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 (license # 9945) located in Panama City, FL on 10/17/2016. No deficient practice was identified during the survey.

TX Result Report

P 1
10/21/2016 16:18
Serial No. A5C0011007367
TC: 260777

Addressee	Start Time	Time	Prints	Result	Note
618502154664	10-21 16:17	00:01:11	002/002	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error, PRINT:Compulsory Memory Document Print, DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 21, 2016

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 18, 2016 by 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,

Kristi Gunn for

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

DH/kc
Enclosure

1GGN

Conoly, Kristi

From:	Keel, Roxanna (Roxy)
Sent:	Wednesday, October 19, 2016 9:02 AM
To:	AO02HQASchedule
Subject:	Mathison ALF LNS_ND_10182016
Attachments:	ASPENTX.ZIP; LNS_28603_UCEI11_10182016.doc
Categories:	KRISTI will review

Mathison Retirement ALF LNS
10/18/16
UCEI11
0 def.

Roxy Keel - REGISTERED NURSE SPECIALIST
SURVEYOR

Tallahassee - HQA AREA 2
2729 FT. KNOX BLVD TALLAHASSEE, FL 32308
850-412-4540 (Office) - (Fax)
Roxy.Keel@ahca.myflorida.com