

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/25/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965612	(X3) DATE SURVEY COMPLETED 01/23/2017
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 Complaint survey (CCR 2016013731) was conducted at Mathison Retirement Center Assisted Living Facility (License # 9945) located in Panama City, FL on 1/23/2017. No deficient practice was identified at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 25, 2017

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

RE: CCR #2016013731 & LNS Monitoring

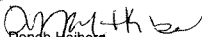
Dear Administrator:

This letter reports the findings of a complaint survey completed on January 23, 2017 by a representative of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

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