STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968796	R **04/26/2017**
NAME OF PROVIDER OR SUPPLIER **SUPERIOR 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

A desk review revisit licensure survey was completed on April 26, 2017 for Superior Residence of Panama City Beach Assisted Living Facility (License# 12646). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.