

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964794	(X3) DATE SURVEY COMPLETED R 04/26/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE PANAMA CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2575 HARRISON AVENUE PANAMA CITY, FL 32405	
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 Brookdale Panama City (License# 9293). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.		