

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964794	(X3) DATE SURVEY COMPLETED R 07/11/2016
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 complaint survey (CCR#2016003630) was completed on July 5, 2011 for Sterling House (Brookdale) of Panama City. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.