STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910565	**06/15/2017**
NAME OF PROVIDER OR SUPPLIER **LISENBY ON LAKE CAROLINE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1400 WEST ELEVENTH STREET** **PANAMA CITY, FL 32401**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced, abbreviated biennial licensure survey with extended congregate care was conducted at Lisenby on Lake Caroline Assisted Living Facility (license # 4809) from 6/14/17 through 6/15/17. No deficient practice was identified at the time of the survey.