

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964794	(X3) DATE SURVEY COMPLETED 07/10/2017
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

On 7/10/2017 an unannounced complaint survey for allegations contained within CCR#2017005659 was conducted at Brookdale Panama City Assisted Living Facility, license #9293. No deficient practice was identified at the time of the survey.