STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968796	**08/03/2017**
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

An unannounced Limited Nursing Services and Extended Congregate Care monitoring visit was conducted on 8/3/2017 at Superior Residences of Panama City Beach (License #12646) in conjunction with a complaint survey (CCR# 2017006128). No deficient practice was identified at the time of the survey.