| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966524** | R<br>**10/31/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**PROVISION LIVING AT PANAMA CITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6012 MAGNOLIA BEACH ROAD**<br>**PANAMA CITY, FL 32408** | |

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

**0000 - Initial Comments**

On October 31, 2017, a desk review survey was completed for the compliant survey dated September 5, 2017 at Provision Living at Panama City (license# 10574). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.