STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910568	**01/31/2018**
NAME OF PROVIDER OR SUPPLIER **GARDEN VIEW ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **526 N. MARY ELLA AVE.** **PANAMA CITY, FL 32404**	

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

0000 - Initial Comments

An unannounced biennial survey with a Limited Mental Health specialty license was conducted at GardenView Assisted Living Facility, license #5223 in Panama City FL on 1/31/2018. At the time of the survey, no deficient practice was identified.