STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965612	R **02/28/2018**
NAME OF PROVIDER OR SUPPLIER **MATHISON RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **3637 WEST HIGHWAY 390** **PANAMA CITY, FL 32405**	

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

0000 - Initial Comments

On 2/28/2018, a desk review revisit survey was conducted for Mathison Retirement Center, license #9945, in Panama City FL for the the biennial licensure survey with limited nursing services completed on 1/25/2018. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.