

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964794	(X3) DATE SURVEY COMPLETED R 04/26/2018
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 An unannounced revisit survey for prior complaint survey conducted on 3/13-14/2018 was conducted at Brookdale Panama City assisted living facility (license#9293) on 4/26/18. No deficient practice was identified at the time of the revisit.		