

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910565	(X3) DATE SURVEY COMPLETED 05/14/2018
NAME OF PROVIDER OR SUPPLIER LISENBY ON LAKE CAROLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 WEST ELEVENTH STREET PANAMA CITY, FL 32401	

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

0000 - Initial Comments

On 5/14/2018, an unannounced complaint survey for allegations contained within CCR# 2018002378 was conducted at Lisenby on Lake Caroline (license #4809) assisted living facility. No deficient practice was identified at the time of the survey.