STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910565	**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

An unannounced Extended Congregate Care monitoring visit was conducted at Lisenby on Lake Caroline (license #4809) assisted living facility on 5/14/18. This survey was conducted in conjunction with a complaint survey for allegations contained within CCR# 2018002378. No deficient practice was identified at the time of the survey.