STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	R **06/25/2018**
NAME OF PROVIDER OR SUPPLIER **ROBINSONS RESIDENTIAL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11921 CARUSO DRIVE** **PANAMA CITY, FL 32404**	

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

0000 - Initial Comments

A desk review revisit survey was completed on 6/25/18 for the change of ownership (CHOW) licensure survey, to include limited mental health which was conducted on 5/15-5/16/18 at Robinsons Residential Care (license #7166). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.