STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965612	**07/16/2018**
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 7/16/18, a monitoring visit to complete a generator assessment was conducted at Mathison Retirement Center, state license #9945. At the time of survey, there were no deficiencies identified.