STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910565	**08/16/2018**
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 complaint survey (CCR#2018010817) was conducted at Lisenby On Lake Caroline Assisted Living Facility, license number 4809, on 8/16/18. At the time of survey the allegations were found to be substantiated without deficient practice.