

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969433	(X3) DATE SURVEY COMPLETED 09/05/2018
NAME OF PROVIDER OR SUPPLIER SEAGRASS VILLAGES OF PANAMA CITY BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 401 N ALF COLEMAN ROAD PANAMA CITY BEACH, FL 32407	

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

0000 - Initial Comments

An initial assisted living facility licensure survey, with Extended Congregate Care and Limited Nursing Services specialties, was conducted at Seagrass Villages of Panama City Beach on 09/05/2018 in conjunction with a generator assessment. No deficient practice was idnetified at the time of the survey.