

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969433	(X3) DATE SURVEY COMPLETED R 01/18/2019
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

A desk review revisit survey was completed on 1/18/19 for the monitoring survey dated 12/17/18 at Seagrass Villages of Panama City Beach. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.