Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966524	A. BUILDING: _____ B. WING _____	10/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING OF PANAMA CITY B	6012 MAGNOLIA BEACH ROAD PANAMA CITY, FL 32408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint survey for complaint number 2026016253 was conducted at Charter Senior Living of Panama City Beach, an assisted living facility in Panama City, FL, on 10/8/2026. During this visit, an emergency environmental control survey was also completed as well as a review of the Comprehensive Emergency Management Plan. Deficient practice was not identified at the time of the survey.	A 000		