

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910541	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/20/2026
NAME OF PROVIDER OR SUPPLIER SUMMER'S LANDING		STREET ADDRESS, CITY, STATE, ZIP CODE 615 FLORIDA AVENUE LYNN HAVEN, FL 32444			
(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	
ZZ000	Initial Comments On April 20, 2026, an unannounced desk review revisit survey was completed for the biennial relicensure survey originally ending on 3/10/2026 at Summer's Landing, an assisted living facility in Lynn Haven, FL. The deficiency was found corrected.	ZZ000			
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AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE