



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 7, 2013

Administrator
Superior Residences
2300 S.W. 21st Circle
Ocala, FL 34471

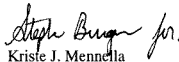
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 31, 2013 by a representative of this office. Enclosed is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

65FO



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965252	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/31/2013
NAME OF PROVIDER OR SUPPLIER SUPERIOR RESIDENCES			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 S.W. 21ST CIRCLE OCALA, FL 34471		
(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 On 05/30 thru 5/31/2013, an unannounced licensure survey in conjunction with ECC and LNS was conducted at Superior Residences Assisted Living Facility in Ocala, Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

5090

PFKS11

If continuation sheet 1 of 1