

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/15/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911320	(X3) DATE SURVEY COMPLETED 10/08/2013
NAME OF PROVIDER OR SUPPLIER Summer Time Lodge, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 909 North Wymore Road Winter Park, FL 32789	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection #2013010551 was conducted on 10/08/2013.

There were no deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 15, 2013

Administrator
Summer Time Lodge, Inc
909 North Wymore Road
Winter Park, FL 32789

Re: CCR #2013010551

Dear Administrator:

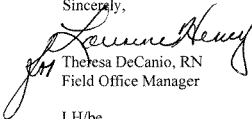
This letter reports the findings of a complaint survey completed on October 8, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

