



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 21, 2013

Administrator
Superior Residence of Clermont
1600 Hunt Trace Boulevard
Clermont, FL 34711

Re: CCR #2013010584
ECC & LNS

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 6, 2013 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) 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



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965833	(X3) DATE SURVEY COMPLETED 11/06/2013
NAME OF PROVIDER OR SUPPLIER Superior Residence Of Clermont	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Hunt Trace Boulevard Clermont, FL 34711	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced complaint survey, CCR # 2013010584, in conjunction with Extended Congregate Care and Limited Nursing Services, was conducted on November 6, 2013. Superior Residences of Clermont had no deficiencies found at the time of the visit.