



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 25, 2014

Administrator
Summerfield Suites L.L.C. Assisted Living
17421 Southeast 109th Terrace Road
Summerfield, FL 34491

Dear Administrator:

This letter reports findings of a monitoring survey that was conducted on February 19, 2014 by a representative of this office. Attached 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,


for Kriste J. Mennella
Field Office Manager

KJM/bh
Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/25/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964875	(X3) DATE SURVEY COMPLETED 02/19/2014
NAME OF PROVIDER OR SUPPLIER Summerfield Suites L.L.C. Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 17421 Southeast 109th Terrace Road Summerfield, FL 34491	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced monitoring visit was conducted on 2/19/2014 at Summerfield Suites Assisted Living Facility in Summerfield for the purpose of a bed increase. There was no deficiency identified.