STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967726	**09/09/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Superior Residences Of Niceville	**2300 North Partin Drive Niceville, FL 32578**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 09/09/2014, an unannounced Extended Congregate Care Monitoring survey was conducted at Superior Residences Assisted Living Facility. At the time of the monitoring there was no deficient practice identified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 11, 2014

Administrator
Superior Residences Of Niceville
2300 North Partin Drive
Niceville, FL 32578

Dear Administrator:

This letter reports findings of an Extended Congregate Care monitoring survey that was conducted on September 9, 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 me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

1GGN

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