

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967726	(X3) DATE SURVEY COMPLETED 10/17/2014
NAME OF PROVIDER OR SUPPLIER Superior Residences Of Niceville	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 North Partin Drive Niceville, FL 32578	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services and Extended Congregate Care monitoring visit was conducted on 10/17/14 at the Superior Residences of Niceville. The facility had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 20, 2014

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

Dear Administrator:

This letter reports the findings of an ECC/ LNS monitoring survey completed on October 17, 2014 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

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