



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 21, 2015

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 31, 2014 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



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965833	(X3) DATE SURVEY COMPLETED 12/31/2014
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 40 bed expansion survey was performed on 12/31/2014 at Superior Residence of Clermont. Deficient practice was not identified at the time of the survey. The facility was found to be in compliance at the time of the survey.