



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2015

Administrator
Superior Residences
2300 S.W. 21st Circle
Ocala, FL 34471

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 12, 2015 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,

Krista J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965252	(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER Superior Residences	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 S.W. 21st Circle Ocala, FL 34471	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Extended Congregate Care and Limited Nursing Services monitoring surveys were conducted at Superior Residences at Cala Hills, 2300 SW 21st Circle, Ocala FL. There were no deficient practices identified at the time of the survey. The facility was in compliance.