

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967726	(X3) DATE SURVEY COMPLETED 04/10/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced Limited Nursing Services and Extended Congregate Care monitoring visit was conducted at Superior Residences of Niceville on 4/10/15. No deficient practice was found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2015

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

RE: LNS/ ECC Monitoring

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 10, 2015 by representative(s) 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

