RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 19, 2015

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 12, 2015 by representatives 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 surveyors. 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

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967726	**08/12/2015**
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

A biennial licensure, Limited Nursing Services and Extended Congregate Care survey was conducted at Superior Residences of Niceville on 8/12/15. At the time of visit, the facility had no deficiencies.