State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11910541	A. Building B. Wing	10/28/2015

Name of Facility	Street Address, City, State, Zip Code
SUMMER'S LANDING	615 FLORIDA AVENUE LYNN HAVEN, FL 32444

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed 10/28/2015	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 10/28/2015	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 10/28/2015
ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed 10/28/2015	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 10/28/2015	ID Prefix A0165 Reg. # 429.23(1-4 & 6-10) FS; 58A LSC	Correction Completed 10/28/2015
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By **State Agency**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	
Reviewed By **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	
Followup to Survey Completed on: 9/3/2015			**Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?**	**YES**	**NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910541	R 10/28/2015
NAME OF PROVIDER OR SUPPLIER **SUMMER'S LANDING**	STREET ADDRESS, CITY, STATE, ZIP CODE **615 FLORIDA AVENUE** **LYNN HAVEN, FL 32444**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced revisit to the biennial survey was conducted on 10/28/15 at Summer's Landing Assisted Living Facility on 10/28/15. At the time of the revisit all the deficiencies were corrected and no new deficiencies identified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 30, 2015

Administrator
Summer's Landing
615 Florida Avenue
Lynn Haven, FL 32444

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 28, 2015 by representative(s) of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

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