RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 15, 2016

Administrator
Summerfield Suites L.L.C. Assisted Living
17421 Southeast 109th Terrace Road
Summerfield, FL 34491

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 13, 2016 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,

Charles Bonj for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

1GGN

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964875	**01/13/2016**
NAME OF PROVIDER OR SUPPLIER **SUMMERFIELD SUITES L.L.C.** **ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **17421 SOUTHEAST 109TH TERRACE ROAD** **SUMMERFIELD, FL 34491**	

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

0000 Initial Comments

A complaint investigation, CCR # 2015011916, was conducted at Summerfield Suites LLC, an Assisted Living Facility on 1/13/2016. Summerfield Suites LLC, Assisted Living Facility had no deficiency at the time of the investigation.