RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 10, 2016

Administrator
Summer Vista Assisted Living
3450 Wimbledon Dr
Pensacola, FL 32504

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on February 9, 2016 by a representative 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. **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
Field Office Manager

DH/dh
Enclosure

341J

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968964	**02/09/2016**
NAME OF PROVIDER OR SUPPLIER **SUMMER VISTA ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3450 WIMBLEDON DR** **PENSACOLA, FL 32504**	

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

0000 Initial Comments

An announced initial survey was conducted at Summer Vista on 2/9/16. At the time of survey there were no deficiencies identified. Recommendation is for facility to receive licensure for Assisted Living.