STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967538	**02/12/2016**
NAME OF PROVIDER OR SUPPLIER **SUMMERHAVEN ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **520 LANYARD LANE** **DE BARY, FL 32713**	

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

0000 Initial Comments

A complaint investigation (CCR #2015012336) was conducted at Summerhaven Assisted Living, LLC on 02/12/2016. Summerhaven Assisted Living, LLC had no deficiencies at the time of the investigation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Administrator
Summerhaven Assisted Living, LLC
520 Lanyard Lane
De Bary, FL 32713

RE: CCR #2015012336

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 12, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

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