

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/04/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910541	(X3) DATE SURVEY COMPLETED 03/30/2016
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 CHOW Survey was conducted at Summer's Landing Assisted Living Facility on 03/30/2016. At the time of survey there were no deficiencies identified.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

April 4, 2016

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

RE: CHANGE OF OWNERSHIP SURVEY

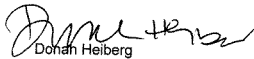
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 30, 2016 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,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN

