RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 5, 2016

Administrator
Superior Residences Of Niceville
2300 North Partin Drive
Niceville, FL 32578

RE: CCR #2016003319

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 21, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967726	**06/21/2016**
NAME OF PROVIDER OR SUPPLIER **SUPERIOR RESIDENCES OF NICEVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2300 NORTH PARTIN DRIVE** **NICEVILLE, FL 32578**	

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

0000 Initial Comments

Complaint #2016003319 was investigated 6/20/16-6/21/16 at Superior Residences of Niceville Assisted Living Facility. At the time of survey the facility did not have deficient practice. The allegations listed in the complaint were not substantiated.

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