



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 9, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on July 7, 2016 by representative(s) 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles J. Mennella
Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964875	(X3) DATE SURVEY COMPLETED 07/07/2016
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

On 7/07/2016 a Biennial Re-licensure and Extended Congregate Care survey was conducted at Summerfield Suites LLC, License #9339. Deficient practice was not identified during the survey.