RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 10, 2016

Administrator
Superior Residences
2300 S.W. 21st Circle
Ocala, FL 34471

RE: CCR #2016007325

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 20, 2016 by a representative of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Charles Bory for
Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965252	**07/20/2016**
NAME OF PROVIDER OR SUPPLIER **SUPERIOR RESIDENCES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2300 S.W. 21ST CIRCLE** **OCALA, FL 34471**	

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

0000 Initial Comments

On July 20, 2016, an unannounced complaint survey (CCR#2016007325) was conducted at Superior Residences at Cala Hills (facility license number 9673). No deficient practice was identified. The facility was in compliance at this time.