

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/03/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911320	(X3) DATE SURVEY COMPLETED 10/02/2014
NAME OF PROVIDER OR SUPPLIER SUMMER TIME LODGE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 909 NORTH WYMORE ROAD WINTER PARK, FL 32789	

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

0000 Initial Comments

10/3/16 Amended state form to correct date of survey.

A complaint survey CCR #2014004475 was conducted on 10/2/14. Summer time Lodge, Inc. had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 3, 2016 (Amended to correct date)

Administrator
Summer Time Lodge, Inc
909 North Wymore Road
Winter Park, FL 32789

RE: CCR #2014004475

Dear Administrator:

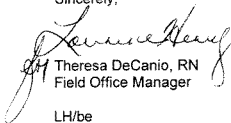
This letter reports the findings of a complaint survey completed on October 2, 2014, by representative(s) of this office.

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(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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