



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 18, 2016

Administrator
Summer Vista Assisted Living
3450 Wimbledon Dr
Pensacola, FL 32504

RE: Initial LNS Survey

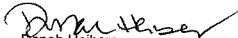
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 17, 2016 by a representative 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

Dh/dh
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968964	(X3) DATE SURVEY COMPLETED 10/17/2016
NAME OF PROVIDER OR SUPPLIER SUMMER VISTA ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3450 WIMBLEDON DR PENSACOLA, FL 32504	

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

0000 Initial Comments

An unannounced visit was made to Summer Vista for the initial Limited Nursing Service (LNS) survey on 10/17/16. There were no deficiencies noted during the visit.