

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910289	(X3) DATE SURVEY COMPLETED R 04/21/2017
NAME OF PROVIDER OR SUPPLIER PLANTATION ON SUMMERS LLC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 147 SW SUMMERS LANE LAKE CITY, FL 32025	

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

0000 - Initial Comments

A desk review was conducted on 4/21/2017 as second follow-up to complaint survey (CCR#2016009899) for The Plantation On Summers LLC (facility license number 5191). The previously cited deficiency was cleared as a result of the desk review.