

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911320	(X3) DATE SURVEY COMPLETED R 06/08/2017
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

A revisit to the re-licensure survey with Limited Mental Health was conducted on 06/08/2017. Summer Time Lodge, Inc. (License#5492) did not have deficiencies at the time of the visit.