STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968964	**04/17/2017**
NAME OF PROVIDER OR SUPPLIER **SUMMER VISTA ASSISTED LIVING COMMUNITY**	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 extended congregate care (ECC) monitoring visit was conducted at Summer Vista Assisted Living on 04/17/2017. License #12793. No deficient practice was found at the time of the survey.