STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967726	R **08/24/2017**
NAME OF PROVIDER OR SUPPLIER **SUPERIOR RESIDENCES OF NICEVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2300 NORTH PARTIN DRIVE** **NICEVILLE, FL 32578**	

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

0000 - Initial Comments

On 8/24/17, a desk review revisit survey was conducted for the biennial survey with Extended Congregate Care Services and Limited Nursing Services dated 7/6/17 at Superior Residences of Niceville (state license #11712) in Niceville, Florida. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.