

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910541	(X3) DATE SURVEY COMPLETED 01/23/2018
NAME OF PROVIDER OR SUPPLIER SUMMER'S LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE 615 FLORIDA AVENUE LYNN HAVEN, FL 32444	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Change of Ownership and Biennel survey was conducted at Summer Landing Assisted Living Facility , license # 6048, in Panama City FL on 1/23/2018. At the time of the survey, no deficient practice was identified.		