

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910289	(X3) DATE SURVEY COMPLETED R 12/21/2017
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

On December 21, 2017, an unannounced follow-up to biennial re-licensure survey was conducted at Plantation on Summers LLC Assisted Living Facility (license # 5191). No deficient practice was identified at the time of survey.