

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965833	(X3) DATE SURVEY COMPLETED 03/15/2018
NAME OF PROVIDER OR SUPPLIER SUPERIOR RESIDENCE OF CLERMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HUNT TRACE BOULEVARD CLERMONT, FL 34711	

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

0000 - Initial Comments

On March 14 and March 15, 2018, an unannounced abbreviated biennial survey with limited nursing service and extended congregate care monitoring in conjunction with a complaint investigation (CCR#2017015642) was conducted at Superior Residences of Clermont (License #10160). No Deficient practice was identified at the time of the survey.