

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964875	(X3) DATE SURVEY COMPLETED R 04/30/2018
NAME OF PROVIDER OR SUPPLIER SUMMERFIELD SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 17421 SOUTHEAST 109TH TERRACE ROAD SUMMERFIELD, FL 34491	

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

0000 - Initial Comments

On 04/30/2018, an unannounced follow-up to change of ownership survey was conducted at Summerfield Suites Assisted Living Facility (license # 9339), Summerfield, FL. No deficient practice was identified at the time of survey.