STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964875	**05/31/2018**
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 5/31/2018 an Extended Congregate Care (ECC) monitoring Survey was conducted at Summerfield Suites Assisted Living Facility. No deficient practice was identified on survey.