STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968964	**02/15/2018**
NAME OF PROVIDER OR SUPPLIER **SUMMER VISTA ASSISTED LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3450 WIMBLEDON DR** **PENSACOLA, FL 32504**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring survey was conducted on 2/15/2018 at Summer Vista Assisted Living Community, (license #11190). No deficient practice was identified at the time of the survey.