STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967726	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **SUPERIOR RESIDENCES OF NICEVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2300 NORTH PARTIN DRIVE** **NICEVILLE, FL 32578**	

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

0000 - Initial Comments

On February 12, 2018, an Extended Congregate Care and Limited Nursing Services monitoring survey was conducted at Superior Residences of Niceville Assisted Living Facility (license #11712). There were no deficiencies identified at the time of this monitoring visit.