

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967726	(X3) DATE SURVEY COMPLETED 03/27/2018
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

An unannounced complaint survey for allegations contained within CCR#2018002269 was conducted at Superior Residences of Niceville, state license #11712, on 3/27/2018. No deficient practice was identified at the time of the survey.