

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967726	(X3) DATE SURVEY COMPLETED R 09/18/2018
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 revisit survey was conducted on 9/17-9/18/2018 for the prior complaint survey for CCR#2018008929 at Superior Residences of Niceville located at 2300 North Partin Drive, Niceville, Florida (license #11712). This survey was completed in conjunction with the change of ownership survey with Limited Nursing Services and Extended Congregate Care services. Previously cited deficiencies were found to be corrected at the time of the survey.