

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910289	(X3) DATE SURVEY COMPLETED 09/20/2018
NAME OF PROVIDER OR SUPPLIER PLANTATION ON SUMMERS LLC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 147 SW SUMMERS LANE LAKE CITY, FL 32025	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On September 20, 2018, an unannounced Emergency Power Plan Monitoring survey was conducted at Plantation on Summers Assisted Living facility (License #5191), Lake City, FL. No deficient practice was identified at the time of the survey.		