

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911320	(X3) DATE SURVEY COMPLETED R 10/10/2018
NAME OF PROVIDER OR SUPPLIER SUMMER TIME LODGE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 909 NORTH WYMORE ROAD WINTER PARK, FL 32789	

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

0000 - Initial Comments

10/10/18 desk review conducted to complaint survey. Summertime Lodge, Inc., license #5492, had no deficiencies at the time of the review.