STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964875	C **11/01/2018**
NAME OF PROVIDER OR SUPPLIER **SUMMERFIELD SUITES**	STREET ADDRESS, CITY, STATE, ZIP CODE **17421 SOUTHEAST 109TH TERRACE ROAD** **SUMMERFIELD, FL 34491**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR #2018015703, was conducted at Summerfield Suites, license #9339 on November 1, 2018. No deficiencies were identified on the day of the survey.