

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911320	(X3) DATE SURVEY COMPLETED R 02/06/2019
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 A revisit to a Complaint Investigation #2018013012 was conducted on 2/6/2019. Summer Time Lodge, Inc. Assisted Living Facility with Limited Mental Health (LMH), License #5492 had no deficiencies at the time of the visit.		