STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967726	**02/08/2019**
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 Extended Congregate Care and Limited Nursing Services survey was conducted, in conjunction with a complaint survey for allegations set forth in CCR# 2018017213, at Superior Residences of Niceville in Niceville, FL on 2/8/2019. No deficient practice was identified at the time of the survey.