

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/27/2019
FORM APPROVED

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