STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968964	**02/28/2019**
NAME OF PROVIDER OR SUPPLIER **SUMMER VISTA ASSISTED LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3450 WIMBLEDON DR** **PENSACOLA, FL 32504**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations held within CCR# 2019001543 was conducted in junction with a biennial licensure survey with limited nursing services and extended congregate care at Summer Vista Assisted Living Community from 2/27/19 to 2/28/19. Deficient practice was found at the time of the survey for the licensure.