

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968964	(X3) DATE SURVEY COMPLETED R 03/28/2019
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

On March 28, 2019, a desk review revisit was completed for the biennial licensure survey that ended on February 28, 2019 for Summer Vista Assisted Living Community. Based on an acceptable corrective action plan and submitted evidence of compliance, the previously cited deficiencies were found corrected.