STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911320	R **06/05/2019**
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 biennial survey was conducted at Summer Time Lodge , Inc Assisted Living Facility on 6/5/19. Deficiencies were found to be corrected at the time of the survey.