STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910541	**08/10/2017**
NAME OF PROVIDER OR SUPPLIER **SUMMER'S LANDING**	STREET ADDRESS, CITY, STATE, ZIP CODE **615 FLORIDA AVENUE** **LYNN HAVEN, FL 32444**	

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

0000 - Initial Comments

An unannounced biennial survey was conducted on 8/10/2017 at Summer's Landing, (license #6048). At the time of the survey, no deficient practice was identified.