

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/01/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965661	(X3) DATE SURVEY COMPLETED 07/29/2013
NAME OF PROVIDER OR SUPPLIER Spring Hills Lake Mary	STREET ADDRESS, CITY, STATE, ZIP CODE 3655 W. Lake Mary Blvd. Lake Mary, FL 32746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-07/29/2013
0030-Resident Care - Rights & Facility Procedures-07/29/2013
0078-Staffing Standards - Staff-07/29/2013
0081-Training - Staff In-Service-07/29/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-07/29/2013
0090-Training - Do Not Resuscitate Orders-07/29/2013
0091-Training - Documentation & Monitoring-07/29/2013

Specific Tag Findings:

0000-Initial Comments

A follow up survey was conducted on 07/29/2013. No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

August 1, 2013

Administrator
Spring Hills Lake Mary
3655 W. Lake Mary Blvd.
Lake Mary, FL 32746

RE: Revisit to biennial w/LNS

Dear Administrator:

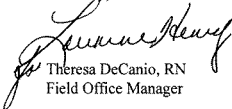
This letter reports the findings of a state licensure survey revisit conducted on July 29, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

