



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 27, 2013

Administrator  
Spring Hill Gardens Assisted Living LLC  
3010 Greynolds Avenue  
Spring Hill, FL 34608

**Re: CCR #2013008035**

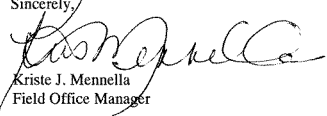
Dear Administrator:

This letter reports the findings of a complaint survey completed on August 22, 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,



Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure

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AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 08/27/2013  
FORM APPROVED

|                                                                                                        |                                                                                                     |                                                     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967658</b>                           | (X3) DATE SURVEY COMPLETED<br><br><b>08/22/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Spring Hill Gardens Assisted<br/>Living Llc</b>                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3010 Greynolds Avenue<br/>Spring Hill, FL 34608</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                     |                                                     |

0000-Initial Comments

On August 22, 2013 an unannounced compliance survey CCR# 201300 6429 was conducted at Spring Hill Garden Assisted Living Facility located in Spring Hill, Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.