

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966698	(X3) DATE SURVEY COMPLETED 11/22/2013
NAME OF PROVIDER OR SUPPLIER Wellspring Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 37815 15th Ave West Zephyrhills, FL 33542	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-11/22/2013

0077-Staffing Standards - Administrators-11/22/2013

0165-Risk Mgmt & Qa; Adverse Incident Report-11/22/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 3, 2013

Administrator
Wellspring Assisted Living Facility
37815 15th Ave West
Zephyrhills, FL 33542

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 22, 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.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

