RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2014

Administrator
Springhill Assisted Living Facility
8239 Cessna Drive
Spring Hill, FL 34606

Re: CCR #2014004834 & CCR 2014005498

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 28, 2014 by a representative of this office.

Enclosed is the provider's copy of the Revisit Report, 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968462	**08/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Springhill Assisted Living Facility	**8239 Cessna Dr, Spring Hill Fl Spring Hill, FL 34606**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-08/28/2014
0032-Resident Care - Elopement Standards-08/28/2014
0055-Medication - Storage And Disposal-08/28/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-08/28/2014

0000-Initial Comments

An unannounced complaint follow-up survey was conducted on August 28, 2014. Springhill Assisted Living Facility had no licensure deficiencies found at the time of the visit.

AGENCY FOR HEALTH CARE ADMINISTRATION
Licensure Only Survey Checklist
Information in the attached documents are confidential and are subject to HIPAA regulations

FACILITY NAME:	TYPE OF SURVEY: (check all that apply)
Springhill ALF	ANNUAL: _____
TYPE OF FACILITY: ALF	BIENNIAL: _____
LICENSE NUMBER: 12359	COMPLAINT: (please include CCR) 20140048 34 20140054 98
ASPEN EVENT ID: ZJV512	OTHER (please explain) _____
DATE OF SURVEY: 8/28/14	

DATE / √	ITEM	
✓	COVER LETTER TO FACILITY	Cites cleared
✓	STATE FORM 5000-3547	
_____	CIF (if applicable)	
_____	LETTER TO COMPLAINANT (if applicable)	
_____	RECAP OF COMPLAINT (complaint summary)	
_____	RFS (if applicable)	