RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 and 2015 by a representative of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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,

Karen L. Faulkenberry for

Kristé J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967658	01/05/2015
NAME OF PROVIDER OR SUPPLIER **Spring Hill Gardens Assisted Living Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **3010 Greynolds Avenue Spring Hill, FL 34608**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced re-licensure survey was conducted on . 2014 and . 2015 at Spring Hill Assisted Living. Deficient practice was identified at the time of the survey.

0009-Admissions - Admission Package 58A-5.0181(3) FAC
Based on record review and interview, the facility failed in two of two records sampled to include a provision on resident contracts giving at least 30 days written notice prior to any rate increase, Residents #1 and #4.

Findings:

A review on . of Resident #1 ' s file revealed that the resident contract did not contain a provision giving at least 30 days ' notice prior to a rate increase.

During an interview on . at 3:20 PM, the owner stated that she was not aware the contracts must contain a clause giving at least 30 days ' notice prior to a rate increase.

A review on . of Resident #4 ' s file revealed that the resident contract did not contain a provision giving at least 30 days ' notice prior to a rate increase.

During an interview on . at 3:20 PM, the owner stated that she was not aware the contracts must contain a clause giving at least 30 days ' notice prior to a rate increase.

Class III