



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 30, 2015

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

RE: CCR #2014011622

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 14, 2015 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



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968462	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER Springhill Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 8239 Cessna Dr, Spring Hill Fl Spring Hill, FL 34606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Complaint (CCR #2014011622) survey was conducted at Spring Hill Assisted Living Facility in Spring Hill, Florida on 01/14/2015. No deficiencies were identified as a result of the survey. The facility was in compliance with 58A-5, FAC and Chapter 429, Part I, FS.