State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965661	A. Building B. Wing	9/2/2015

Name of Facility	Street Address, City, State, Zip Code
SPRING HILLS LAKE MARY	3655 W. LAKE MARY BLVD. LAKE MARY, FL 32746

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0025	Correction Completed 09/02/2015	ID Prefix A0030	Correction Completed 09/02/2015	ID Prefix A0081	Correction Completed 09/02/2015
Reg. # 429.26(7) FS; 58A-5.0182(1 LSC	0025	Reg. # 58A-5.0182(6) FAC; 429.28 LSC	0030	Reg. # 58A-5.0191(2) FAC LSC	0081
ID Prefix A0082	Correction Completed 09/02/2015	ID Prefix A0086	Correction Completed 09/02/2015	ID Prefix A0090	Correction Completed 09/02/2015
Reg. # 58A-5.0191(3) FAC LSC	0082	Reg. # 58A-5.0191(9) FAC LSC	0086	Reg. # 58A-5.0191(11) FAC LSC	0090
ID Prefix A0152	Correction Completed 09/02/2015	ID Prefix A0161	Correction Completed 09/02/2015	ID Prefix AN278	Correction Completed 09/02/2015
Reg. # 58A-5.023(3) FAC LSC	0152	Reg. # 429.275(2) FS; 58A-5.024(2 LSC	0161	Reg. # 58A-5.031(3) FAC LSC	N278
ID Prefix AZ815	Correction Completed 09/02/2015	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 408.809, 435.02(2), 435.06 LSC	Z815	Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date: 9-4-15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 6/25/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 4, 2015

Administrator
Spring Hills Lake Mary
3655 W. Lake Mary Blvd.
Lake Mary, FL 32746

RE: Revisit to relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 2, 2015 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. **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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

DT9D

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