

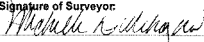
9/4/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965661	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/2/2015
Name of Facility SPRING HILLS LAKE MARY		Street Address, City, State, Zip Code 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 Reg. # 429.26(7) FS; 58A-5.0182(1) LSC	Correction Completed 09/02/2015 0025	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 09/02/2015 0030	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 09/02/2015 0081
ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed 09/02/2015 0082	ID Prefix A0086 Reg. # 58A-5.0191(9) FAC LSC	Correction Completed 09/02/2015 0086	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 09/02/2015 0090
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 09/02/2015 0152	ID Prefix A0161 Reg. # 429.275(2) FS; 58A-5.024(2) LSC	Correction Completed 09/02/2015 0161	ID Prefix AN278 Reg. # 58A-5.031(3) FAC LSC	Correction Completed 09/02/2015 N278
ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 09/02/2015 Z815	ID Prefix Reg. # ZZZZ LSC	Correction Completed ZZZZ	ID Prefix Reg. # ZZZZ LSC	Correction Completed ZZZZ
ID Prefix Reg. # ZZZZ LSC	Correction Completed ZZZZ	ID Prefix Reg. # ZZZZ LSC	Correction Completed ZZZZ	ID Prefix Reg. # ZZZZ LSC	Correction Completed 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

