

10/1/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965480	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/30/2015
Name of Facility SPRING HILLS HUNTER'S CREEK		Street Address, City, State, Zip Code 3800 TOWN CENTER BLVD. ORLANDO, FL 32837

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 A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed 09/30/2015 0008	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 09/30/2015 0081	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 09/30/2015 0162
ID Prefix AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed 09/30/2015 N277	ID Prefix AN278 Reg. # 58A-5.031(3) FAC LSC	Correction Completed 09/30/2015 N278	ID Prefix Reg. # LSC	Correction Completed ZZZZ
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Reviewed By	Reviewed By	Date: 10/1/15	Signature of Surveyor:	Date:
State Agency	<i>Theresa J. Danner</i>			
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				
Followup to Survey Completed on: 6/24/2015		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

October 1, 2015

Administrator
Spring Hills Hunter's Creek
3800 Town Center Blvd.
Orlando, FL 32837

RE: Revisit to relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 30, 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, RM
Field Office Manager

LH/be
Enclosure

DT9D

