

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965661	(X3) DATE SURVEY COMPLETED 07/28/2015
NAME OF PROVIDER OR SUPPLIER SPRING HILLS LAKE MARY	STREET ADDRESS, CITY, STATE, ZIP CODE 3655 W. LAKE MARY BLVD. LAKE MARY, FL 32746	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A complaint investigation (CCR 2015004439) was conducted on 7/28/15 at Spring Hills of Lake Mary. Spring Hill of Lake Mary had deficiencies found at the time of the investigation which were cited under CCR 2015004262, done on this same day.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 19, 2015

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

RE: CCR #2015004439 w/LNS

Dear Administrator:

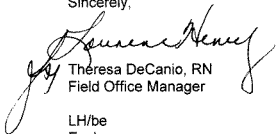
This letter reports the findings of a complaint survey completed on July 28, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this complaint investigation survey (CCR#2015004439). There was additional complaint done on this same date (CCR#2015004262) with deficiencies cited. **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(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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