

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 01/07/2016  
FORM APPROVED

|                                                                                |                                                                                               |                                                     |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966698</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>12/28/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRING ASSISTED LIVING FACILITY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>37815 15TH AVE WEST<br/>ZEPHYRHILLS, FL 33542</b> |                                                     |

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

**0000 Initial Comments**

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted at Wellspring Assisted Living Facility on 12/28/15. Wellspring Assisted Living Facility had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUKE  
SECRETARY

January 7, 2016

Administrator  
Wellspring Assisted Living Facility  
37815 15th Ave West  
Zephyrhills, FL 33542

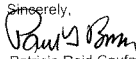
Dear Administrator

This letter reports findings of an extended congregate care (ECC) monitoring visit that was conducted on December 28, 2015, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

*for*   
Patricia Reid Kaufman  
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

