



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 5, 2016

Administrator
Springhill Assisted Living Facility
8239 Cessna Drive
Spring Hill, FL 34606

RE: CCR #2015009474

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 8, 2015 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **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. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/05/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968462	(X3) DATE SURVEY COMPLETED 12/08/2015
NAME OF PROVIDER OR SUPPLIER SPRINGHILL ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8239 CESSNA DR, SPRING HILL FL SPRING HILL, FL 34606	

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

0000 Initial Comments

A complaint investigation (CCR#2015009474) was conducted at Spring Hill Assisted Living Facility on 12/08/2015 Spring Hill Assisted Living Facility had no deficiencies at the time of the investigation.