



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 21, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on April 21, 2016 by a representative of this office.

Enclosed 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. Should you have any questions please call 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: 04/21/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968462	(X3) DATE SURVEY COMPLETED R 04/21/2016
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 desk review was conducted on 4/21/16 as follow-up to a complaint survey at Springhill Assisted Living Facility in Spring Hill, FL. The previously cited deficiencies were cleared.