

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964523	(X3) DATE SURVEY COMPLETED 07/14/2016
NAME OF PROVIDER OR SUPPLIER SPRING MANOR ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1780 NW 112 TERRACE CORAL SPRINGS, FL 33071	

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

0000 Initial Comments

An unannounced complaint survey, CCR#2016003039, was conducted on 6/21/16, 7/6/16 & 7/14/16 at Spring Manor Assisted Living Inc (License #9038). The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 29, 2016

Administrator
Spring Manor Assisted Living Inc
1780 NW 112 Terrace
Coral Springs, FL 33071

RE: CCR #2016003039

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 21, 2016, July 6, 2016 and July 14, 2016 by a representative 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 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com



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