

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965480	(X3) DATE SURVEY COMPLETED R 07/03/2017
NAME OF PROVIDER OR SUPPLIER SPRING HILLS HUNTER'S CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 TOWN CENTER BLVD. ORLANDO, FL 32837	

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

0000 - Initial Comments

A revisit to complaint investigation #2017003158 was conducted on 7/03/2017. Spring Hills Hunter's Creek license # 9858 had no deficiencies found at the time of the visit.