STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965480	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 the biennial relicensure with Limited Nursing Services (LNS) was conducted on 7/03/17. Spring Hills Hunter's Creek, License #9858, did not have any deficiencies found at the time of the visit.