

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965661	(X3) DATE SURVEY COMPLETED R 07/20/2017
NAME OF PROVIDER OR SUPPLIER SPRING HILLS LAKE MARY	STREET ADDRESS, CITY, STATE, ZIP CODE 3655 W. LAKE MARY BLVD. LAKE MARY, FL 32746	

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

0000 - Initial Comments

A re-visit to the Relicensure survey with Limited Nursing Services (LNS) was conducted on 7/20/2017. Spring Hills Lake Mary Assisted Living, License #10007 had no deficiencies at the time of the visit.