

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968599	(X3) DATE SURVEY COMPLETED R 10/31/2017
NAME OF PROVIDER OR SUPPLIER WELLSPRINGS RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E WELCH RD APOPKA, FL 32712	

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

0000 - Initial Comments

A revisit to the Change of Ownership Survey (CHOW) was conducted on 10/31/17. Wellsprings Residence Assisted Living Facility, License #12479 had no deficiencies at the time of the visit.