STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965661	R **12/28/2017**
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 revisit to the Limited Nursing Services monitoring was conducted on 12/28/2017. Spring Hills Lake Mary, License#10007, did not have deficiencies at the time of the visit.