

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964750	(X3) DATE SURVEY COMPLETED 12/13/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE SPRING HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 10440 PALMGREN LN SPRING HILL, FL 34606	

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

0000 - Initial Comments

On 12/13/2017, an unannounced Limited Nursing Services monitoring survey was conducted at Brookdale Spring Hill, license #9255. The facility was in compliance at the time of the survey.