STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965661	**02/01/2018**
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 Complaint Investigation #2017013583 was conducted on 2/1/2018. Spring Hills Lake Mary Assisted Living, License #10007 had no deficiencies at the time of the visit.