STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968462	**03/01/2018**
NAME OF PROVIDER OR SUPPLIER **SPRING HILL ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **8239 CESSNA DR,** **SPRING HILL, FL 34606**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2018000354) was conducted on 03/19/2018 at Springhill Assisted Living Facility (License # 12359), Spring Hill, FL. No deficient practice was identified at the time of the survey.