

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964750	(X3) DATE SURVEY COMPLETED 03/21/2018
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 March 20, 2018 and March 21, 2018, a Biennial with Limited Nursing Services survey was conducted at Brookdale Spring Hill Assisted Living Facility, License number 9255. No deficient practice was identified during survey.