STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968599	R **05/14/2018**
NAME OF PROVIDER OR SUPPLIER **WELLSPRINGS RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 E WELCH RD** **APOPKA, FL 32712**	

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

0000 - Initial Comments

5/14/18 desk review completed to complaint #2017014036. Wellsprings Residence ALF, license #12479, had no deficient practice at the time of the review.