

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968599	(X3) DATE SURVEY COMPLETED 08/03/2018
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

An unannounced complaint investigation (CCR 2018006248) was conducted at Wellsprings Assisted Living Facility, 700 East Welch Road, Apopka, Florida, on 8/3/2018. No deficient practice was found at the time of the complaint investigation.