STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967658	R **12/04/2018**
NAME OF PROVIDER OR SUPPLIER **SPRING HILL GARDENS ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3010 GREYNOLDS AVENUE** **SPRING HILL, FL 34608**	

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

0000 - Initial Comments

On December 4, 2018, an unannounced follow-up to biennial re-licensure survey was conducted by desk review for Spring Hill Gardens Assisted Living Facility (License #11658), Spring Hill, FL. Deficient practice was cleared at the time of the survey.