STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966698	**11/13/2018**
NAME OF PROVIDER OR SUPPLIER **WELLSPRING ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **37815 15TH AVE WEST** **ZEPHYRHILLS, FL 33542**	

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

0000 - Initial Comments

Assisted Living Facility

A Monitoring visit was conducted at Wellspring Assisted Living Facility on 11/13/2018. Wellspring Assisted Living Facility had no deficient practice identified at the time of survey.

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