STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	R-C **08/29/2018**
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 August 29, 2018, an unannounced follow-up to complaint (CCR #2018008062) survey was conducted at Brookdale Spring Hill Assisted Living Facility (License #9255), Spring Hill, FL. No deficient practice was identified at the time of the survey.