

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966595	(X3) DATE SURVEY COMPLETED C 10/26/2018
NAME OF PROVIDER OR SUPPLIER SPRING OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 7251 GROVE RD BROOKSVILLE, FL 34613	

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

0000 - Initial Comments

On October 26, 2018, an unannounced complaint investigation (CCR #2018013187) survey was conducted at Spring Oaks Assisted Living Facility (License #10763). No deficient practice was identified at the time of the survey.

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PRINTED: 01/02/2019
FORM APPROVED

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