

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968726	(X3) DATE SURVEY COMPLETED R 12/18/2018
NAME OF PROVIDER OR SUPPLIER SPRING PINE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1324 MILL SLOUGH RD KISSIMMEE, FL 34744	

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

0000 - Initial Comments

A revisit to re-licensure was conducted on 12/18/2018. Spring Pine LLC (LIC#12580) had no deficiencies at the time of the visit.