STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968599	R **01/31/2019**
NAME OF PROVIDER OR SUPPLIER **WELLSPRINGS RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 E WELCH RD** **APOPKA, FL 32712**	

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

0000 - Initial Comments

A revisit to complaint investigation #2018011372 was conducted on 1/31/19. Wellsprings Residence Assisted Living Facility, License #12479 had no deficiencies at the time of the visit.