

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968462	(X3) DATE SURVEY COMPLETED C 03/14/2019
NAME OF PROVIDER OR SUPPLIER SPRING HILL ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8239 CESSNA DR, SPRING HILL, FL 34606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A biennial re-licensure with Limited Mental Health and Emergency Power Plan monitoring survey was conducted at Spring Hill Assisted Living Facility on March 13, 2019 and March 14, 2019. The provider had no deficiencies at the time of the survey.		