

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965480	(X3) DATE SURVEY COMPLETED R 08/27/2019
NAME OF PROVIDER OR SUPPLIER SPRING HILLS HUNTER'S CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 TOWN CENTER BLVD. ORLANDO, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Desk Review for the monitoring for Limited Nursing Services (LNS) survey was conducted on 8/23/19.		