

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965661	(X3) DATE SURVEY COMPLETED R 08/23/2019
NAME OF PROVIDER OR SUPPLIER SPRING HILLS LAKE MARY	STREET ADDRESS, CITY, STATE, ZIP CODE 3655 W. LAKE MARY BLVD. LAKE MARY, FL 32746	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Spring Hills Lake Mary Assisted Living with Limited Nursing Services (LNS) on 8/23/2019. Deficiencies were found to be corrected at the time of the survey.