

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966698	(X3) DATE SURVEY COMPLETED 05/04/2017
NAME OF PROVIDER OR SUPPLIER WELLSPRING ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 37815 15TH AVE WEST ZEPHYRHILLS, FL 33542	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced complaint survey, (CCR# 2017001561), was conducted on 5/4/17. The Wellspring Assisted Living Facility, (License# 10854), had no deficiencies at the time of this visit.		