

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966698	(X3) DATE SURVEY COMPLETED R 07/27/2018
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 A Revisit to a 06/07/18 Biennial Survey with Limited Mental Health and Limited Nursing Services in conjunction with a 2nd Revisit to 4/23/18 Complaint Survey (CCR#: 2018001727) was conducted at Wellspring Assisted Living Facility on 07/27/18. Wellspring Assisted Living Facility had no deficient practice identified at the time of survey. (License#: 10854)		