

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966698	(X3) DATE SURVEY COMPLETED 10/18/2018
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 Limited Nursing Services (LNS) monitoring survey was conducted on 10/18/18. The Wellspring Assisted Living Facility /License #10854, had no deficiencies at the time of this visit.		