STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	R **06/14/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SPRING HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **10440 PALMGREN LN** **SPRING HILL, FL 34606**	

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

0000 - Initial Comments

On 6/14/2017, a follow-up on complaint survey (CCR#2017005031) was conducted at Brookdale Spring Hill, License #9255. The previously cited deficiencies were cleared as a result of the survey.