STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968855	08/04/2015
NAME OF PROVIDER OR SUPPLIER **THE SPRINGS AT SOUTH BISCAYNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6235 HOFFMAN ST** **NORTH PORT, FL 34287**	

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

0000 Initial Comments

An announced Initial licensure survey was conducted from 8/4/15 through 8/6/15 at The Springs at South Biscayne, an Assisted Living Facility (ALF) in North Port, Florida.

Based on the submitted materials, no deficiencies were found. The Springs at South Biscayne is recommended for a Standard License with Extended Congregate Care (ECC) for a capacity of 147 beds, effective 8/6/15.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 7, 2015

Administrator
The Springs At South Biscayne
6235 Hoffman St
North Port, FL 34287

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 4, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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