

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968855	(X3) DATE SURVEY COMPLETED 02/15/2017
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 unannounced complaint survey for CCR#2016013406 was conducted on 2/15/17 at The Springs at South Biscayne, an assisted living facility (license #12712) in North Port, Florida.

The complaint contained 3 allegations, all of which were unsubstantiated.

No deficiencies were found at the time of the visit.