STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968855	**10/12/2017**
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# 2017009741 was conducted on 10/12/17 at Springs at South Biscayne, an assisted living facility (license #12712) in North Port, Florida.

The complaint contained 3 allegations, of which 2 were substantiated without deficiency and 1 was unsubstantiated.

No deficiencies were found at the time of the visit.