

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968855	(X3) DATE SURVEY COMPLETED 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 extended congregate care survey was conducted on 10/12/17 at Springs at South Biscayne, an assisted living facility (license #12712) in North Port, Florida. No deficiencies were found at the time of the visit.		