

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968855	(X3) DATE SURVEY COMPLETED R 07/07/2017
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

A follow-up by desk review was conducted on 7/7/17 for The Springs at South Biscayne, an assisted living facility (license #12712) in Port Charlotte, Florida. The follow-up was in response to the relicensure and Extended Congregate Care survey which was completed 6/1/17.

Based on the facility's supporting documentation, the deficiencies were corrected as of 7/7/17.