STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968855	**06/07/2018**
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 licensure survey was conducted on 6/7/18 at The Springs at South Biscayne an assisted living facility (license #12712) in Port Charlotte, Florida.

No deficiencies were found at the time of the visit.