| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968855** | **12/19/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**THE SPRINGS AT SOUTH BISCAYNE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6235 HOFFMAN ST**<br>**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#2018014898 was conducted on 12/19/18 at The Springs at South Biscayne, an assisted living facility (license #12712) in North Port, Florida.

The complaint contained two allegations both of which were unsubstantiated.

No deficiencies were found at the time of the visit.