

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968855	(X3) DATE SURVEY COMPLETED 04/16/2019
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 emergency power plan monitoring survey was conducted on 4/15/19 through 4/16/19 at The Springs at South Biscayne, an assisted living facility in North Port, Florida. No deficiencies related to the emergency power plan were found at the time of the visit.		