STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968855	**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 complaint survey for complaint #2019004583 was conducted 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 this complaint were found at the time of the visit.