STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967905	**08/20/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bayshore Guest Home	**512 Bayshore Rd Nokomis, FL 34275**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0167-Resident Contracts-08/20/2013

These are the results of the follow-up to Complaint Survey, CCR# 2013005102 which was conducted at Bayshore Manor an Assisted Living Facility (ALF) on 8/07/13. This follow-up was completed on 8/20/13 by desk review. The citation was cleared by this desk review.

0167-Resident Contracts 58A-5.025(1) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 20, 2013

Administrator
Bayshore Guest Home
512 Bayshore Rd
Nokomis, FL 34275

RE: CCR# 2013005102

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted by desk review on August 20, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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Tallahassee, FL 32308
http://ahca.myflorida.com

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