

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/15/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967905	(X3) DATE SURVEY COMPLETED 08/07/2013
NAME OF PROVIDER OR SUPPLIER Bayshore Guest Home	STREET ADDRESS, CITY, STATE, ZIP CODE 512 Bayshore Rd Nokomis, FL 34275	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

These are the results of the Limited Nursing Services (LNS) survey conducted at Bayshore Guest Home, an Assisted Living Facility (ALF) on 8/07/13.

There were no citations related to this LNS survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2013

Administrator
Bayshore Guest Home
512 Bayshore Rd
Nokomis, FL 34275

Dear Administrator:

This letter reports findings of a Limited Nursing Service (LNS) survey that was conducted on August 7, 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

