STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910573	**08/13/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bayshore Manor	**5200 College Road Key West, FL 33040**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-08/13/2013
0055-Medication - Storage And Disposal-08/13/2013
0056-Medication - Labeling And Orders-08/13/2013
0092-Food Service - General Responsibilities-08/13/2013

An unannounced revisit survey was conducted on 8/13/13 as follow-up to the Biennial survey of 6/11/13 at Bayshore Manor, an Assisted Living Facility (ALF) in Key West, Florida.

Previously cited deficiencies were corrected or substantially improved. No new deficiencies were identified during this survey visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 14, 2013

Administrator
Bayshore Manor
5200 College Road
Key West, FL 33040

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on August 13, 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

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

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Fort Myers, FL 33901
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