

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/04/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965888	(X3) DATE SURVEY COMPLETED 08/28/2013
NAME OF PROVIDER OR SUPPLIER Mary's On Bayshore	STREET ADDRESS, CITY, STATE, ZIP CODE 441 Bayshore Drive Venice, FL 34285	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the result of an unannounced Limited Nursing Service (LNS) monitoring survey conducted on 8/28/13 at Mary's on Bayshore in Venice, FL. The census at the time of the survey was 6.

There were no deficiencies noted.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 4, 2013

Administrator
Mary's On Bayshore
441 Bayshore Drive
Venice, FL 34285

Dear Administrator:

This letter reports findings of a Limited Nursing Service (LNS) survey that was conducted on August 28, 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

