

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/15/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932484	(X3) DATE SURVEY COMPLETED 10/09/2013
NAME OF PROVIDER OR SUPPLIER Bayou Gardens	STREET ADDRESS, CITY, STATE, ZIP CODE 2275 Nebraska Avenue Palm Harbor, FL 34683	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-10/09/2013
Z815-Background Screening; Prohibited Offenses-10/09/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 15, 2013

Administrator
Bayou Gardens
2275 Nebraska Avenue
Palm Harbor, FL 34683

Re: Revisit & CCR# 2013008111

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and a complaint survey completed on October 9, 2013, by a representative of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating the deficiencies were corrected relative to the revisit and no deficiencies were identified relative to the complaint 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Forms

