

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967905	(X3) DATE SURVEY COMPLETED 10/31/2013
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 an unannounced Complaint Survey, CCR# 2013008566 which was conducted on 10/31/13 at Bayshore Guest Home an Assisted Living Facility (ALF).

One allegation was substantiated with no citations and the other allegation was not substantiated. The facility did not receive citations as a result of this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 5, 2013

Administrator
Bayshore Guest Home
512 Bayshore Rd
Nokomis, FL 34275

Re: CCR #2013008566

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 31, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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