STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968916	**11/09/2015**
NAME OF PROVIDER OR SUPPLIER **BAYSHORE MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1260 CREEKSIDE BLVD E** **NAPLES, FL 34109**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An announced initial licensure survey was completed on 11/3/15 through 11/9/15 for Bayshore Memory Care, an assisted living facility in Naples, Florida.

No deficiencies were identified as a result of the survey. The facility is recommended for a Standard license for 73 beds with a provisional extended congregate care licensed for 36 of 73 beds effective 11/9/15.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 9, 2015

Administrator
Bayshore Memory Care
1260 Creekside Blvd E
Naples, FL 34109

Dear Administrator:

This letter reports the findings of an initial Licensure survey completed on November 9, 2015 by representatives 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. **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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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