

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/08/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968916	(X3) DATE SURVEY COMPLETED 08/03/2016
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 unannounced complaint survey for CCR #2016006360 was conducted 8/3/16 at Bayshore Memory Care, an Assisted Living Facility, (license #12760) in Naples, Florida.

This survey was completed in conjunction with a follow-up survey for an ECC monitor and CCR's #2016002102, CCR #2016002130, CCR #2016002583 and CCR #2016003986.

The complaint contained 2 allegations, of which 2 allegations were unsubstantiated.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 8, 2016

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

RE: CCR #2016006360

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 3, 2016 by representatives 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 surveyors. Should you have any questions, please contact 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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