STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968916	**03/29/2017**
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 Extended Congregate Care (ECC) survey was conducted 3/29/17 at Bayshore Memory Care, an assisted living facility (license # 12760) in Naples, Florida.

No deficiencies were found at the time of the visit