

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965317	(X3) DATE SURVEY COMPLETED 04/25/2017
NAME OF PROVIDER OR SUPPLIER BAYOU GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 1585 CURLEW RD. DUNEDIN, FL 34698	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017003110), was conducted at Bayou Gardens Dunedin, LLC on 4/25/17 in conjunction with a 2nd revisit to complaint survey, (CCR# 2017000338). Bayou Gardens had no deficiencies at the time of the investigation. (License # 9712)		