

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 R 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 A 2nd follow up revisit to (CCR 2017000338) conducted 1/23/17 in conjunction with complaint investigation (CCR#2017003110) was conducted at Bayou Gardens Dunedin on 4/25/17. Bayou Gardens Dunedin had no deficiencies at the time of the survey. License # 9712		