

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910573	(X3) DATE SURVEY COMPLETED 04/26/2017
NAME OF PROVIDER OR SUPPLIER BAYSHORE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5200 COLLEGE ROAD KEY WEST, FL 33040	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced relicensure survey conducted on 4/26/17 at Bayshore Manor, an assisted living facility (licence #4196) in Key West, Florida. No deficiencies were found at the time of the visit.		