

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967905	(X3) DATE SURVEY COMPLETED 05/16/2017
NAME OF PROVIDER OR SUPPLIER BAYSHORE GUEST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 512 BAYSHORE RD NOKOMIS, FL 34275	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Limited Nursing Services survey was conducted on 5/16/17 at Bayshore Guest Home, an assisted living facility (license # 11852) located in Nokomis, Florida. No deficiencies found at the time of survey.		