STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965888	**06/21/2017**
NAME OF PROVIDER OR SUPPLIER **MARY'S ON BAYSHORE**	STREET ADDRESS, CITY, STATE, ZIP CODE **441 Bayshore Drive** **VENICE, FL 34285**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Limited Nursing Service Monitor (LNS) survey was conducted 6/21/17 at Mary's on Bayshore, an assisted living facility (license # 10200) located in Venice, Florida.

No deficiencies were found at the time of the visit.