

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932484	(X3) DATE SURVEY COMPLETED R 10/30/2017
NAME OF PROVIDER OR SUPPLIER BAYOU GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 2275 NEBRASKA AVENUE PALM HARBOR, FL 34683	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A 2nd revisit to 8/31/17 and 7/11/17 complaint surveys, (CCR# 2017004721, CCR# 2017004330, and CCR# 2017004107) was conducted on 10/30/17 at Bayou Gardens. The deficient practice previously cited on 8/31/17 and 7/11/17 was corrected during the visit. (License # 8104)		