STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932484	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 revisit to 8/31/17 biennial survey with limited nursing services (LNS) was conducted on 10/30/17 at Bayou Gardens. The deficient practice previously cited on 8/31/17 was corrected during the visit.

(License # 8104)