

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968916	(X3) DATE SURVEY COMPLETED R 11/14/2017
NAME OF PROVIDER OR SUPPLIER BAYSHORE MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1260 CREEKSIDE BLVD E NAPLES, FL 34109	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 11/14/17 at Bayshore Memory Care, an assisted living facility (license #12760) in Naples, Florida. This was a follow-up to the biennial survey completed on 9/6/17. The previous deficiency was found corrected and no new deficiencies were identified.		