STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965888	**01/16/2018**
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 biennial and Limited Nursing Service (LNS) survey was conducted on 1/16/18 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.