

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968916	(X3) DATE SURVEY COMPLETED 02/28/2018
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 extended congregate care survey was conducted on 2/28/18 at Bayshore Memory Care, an assisted living facility (license #12760) in Naples, Florida.

No deficiencies were found at time of the visit.