

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932484	(X3) DATE SURVEY COMPLETED R 03/26/2018
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 second revisit to CCR #2017010003 was conducted on 3/26/18 for Bayou Gardens of Palm Harbor. The deficient practice previously cited on 1/19/17 was corrected during the revisit.

License # 8104