STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965317	**04/09/2018**
NAME OF PROVIDER OR SUPPLIER **BAYOU GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1585 CURLEW RD.** **DUNEDIN, FL 34698**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR #2018003221) was conducted at Bayous Gardens Dunedin (Lic. #9712) on . . . . Bayou Gardens Dunedin had a deficiency at the time of the investigation.

0164 - Records - Inspection Availability - 58A-5.024(4) FAC

Based on record review and interview, the facility had not made the record for one of one resident sampled (#1) available to the resident's legal representative.

Findings include:

Offsite record review found a request for the medical records of Resident #1 made by this individual's legal representative. Interview with the administrator at 12:45pm on revealed that "although she had received said request, she had not yet sent the documents." She explained further that "she intended to comply with (Resident #1's) legal representative's request, but first wanted to write an appropriate cover letter before sending them out."
Upon further questioning, the administrator could not explain why she had not complied with this request after nearly 3 months.

Class III