STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967905	R **04/11/2018**
NAME OF PROVIDER OR SUPPLIER **BAYSHORE GUEST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **512 BAYSHORE RD** **NOKOMIS, FL 34275**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 4/11/18 at Bayshore Guest Home, an assisted living facility (license #11852) in Nokomis, Florida.

This was a follow-up to the relicensure survey completed on 2/1/18.

The previous deficiencies were found corrected and no new deficiencies were identified.