

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965317	(X3) DATE SURVEY COMPLETED R 05/24/2018
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 revisit was conducted to a 4/9/2018 complaint investigation at Bayou Gardens Dunedin (Lic. #9712) on 5/24/2018. There were no deficiencies related to the revisit survey.		