

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965317	(X3) DATE SURVEY COMPLETED R 07/10/2018
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 desk review was conducted on 7/10/18 to the biennial state relicensure survey with limited mental health (LMH) of 5/24/18. At the time of the desk review, it was determined that the previously cited deficiencies at Bayou Gardens, Assisted Living Facility, had been corrected. (License # 9712)		