

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910005	(X3) DATE SURVEY COMPLETED 07/09/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE BAYSHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 4902 BAYSHORE BLVD TAMPA, FL 33611	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR #2018008358) was conducted at Brookdale Bayshore (Lic. #7565) on 7/9/2018 in conjunction with a follow-up visit to a 5/11/2018 complaint. Brookdale Bayshore had no deficiencies at the time of the visit.