STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910005	R **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 follow-up visit to a 5/11/2018 complaint was conducted at Brookdale Bayshore (Lic.#7565) on 7/9/2018 in conjunction with a complaint investigation (CCR #2018008358). Brookdale Bayshore had no deficiencies at the time of the visit.