STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968916	**09/27/2018**
NAME OF PROVIDER OR SUPPLIER **BAYSHORE MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1260 CREEKSIDE BLVD E** **NAPLES, FL 34109**	

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

0000 - Initial Comments

An unannounced extended congregate care and emergency power plan monitoring survey was conducted on 9/27/18 at Bayshore Memory Care, an assisted living facility (license #12760) in Naples, Florida.

No deficiencies were found at time of the visit.