

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967905	(X3) DATE SURVEY COMPLETED 10/04/2018
NAME OF PROVIDER OR SUPPLIER BAYSHORE GUEST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 512 BAYSHORE RD NOKOMIS, FL 34275	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR #2018012449 was conducted 10/4/18 at Bay Shore Guest Home, an assisted living facility (license #11852) in Nokomis, Florida. The complaint contained 4 allegations, all of which were unsubstantiated. No deficiencies were found at the time of the visit.		