STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910573	R **10/18/2018**
NAME OF PROVIDER OR SUPPLIER **BAYSHORE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5200 COLLEGE ROAD** **KEY WEST, FL 33040**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 10/18/18 for Bayshore Manor, an assisted living facility (license #4196) in Key West, Florida.

The follow-up was in response to the emergency power plan monitoring survey which was completed on 9/10/18.

Based on the facility's supporting documentation, the deficiency was corrected as of 10/18/18.