

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910005	(X3) DATE SURVEY COMPLETED 11/15/2018
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 An initial survey for Limited Nursing Services was conducted at Brookdale Bayshore ALF on 11-15-18. There were no deficiencies at the time of visit. License #7565		