

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932484	(X3) DATE SURVEY COMPLETED 11/19/2018
NAME OF PROVIDER OR SUPPLIER BAYOU GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 2275 NEBRASKA AVENUE PALM HARBOR, FL 34683	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint survey (CCR#2018013741) was conducted at Bayou Gardens Assisted Living Facility on 11/19/2018. Bayou Gardens Assisted Living Facility had no deficient practice identified at the time of the survey. License:8104		