

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/11/2018
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 abbreviated biennial survey was conducted in conjunction with an initial limited nursing services survey and complaint survey (CCR 2018013120) at Brookdale Bayshore Assisted Living Facility on 11-15-2018. At the time of the survey, the facility had no deficiencies. License # 7565		