STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910573	R **12/05/2018**
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

An unannounced revisit survey was completed on 12/05/18 at Bayshore Manor, an assisted living facility (license #4196) in Key West, Florida.

This was a second follow-up to the emergency power plan monitoring survey completed on 9/10/18.

The deficiency was corrected and here were no new deficiencies identified at the time of the survey.