

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/14/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963958	(X3) DATE SURVEY COMPLETED 07/30/2013
NAME OF PROVIDER OR SUPPLIER Bayside Terrace	STREET ADDRESS, CITY, STATE, ZIP CODE 9381 U.S. Hwy 19 North Pinellas Park, FL 33782	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0122-Fiscal - Personal Effects-07/30/2013
0123-Fiscal - Resident Trust Funds & Adv Payments-07/30/2013
0125-Fiscal - Surety Bonds-07/30/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 14, 2013

Administrator
Bayside Terrace
9381 U.S. Hwy 19 North
Pinellas Park, FL 33782

Dear Administrator:

Re: Revisit, Biennial & CCR# 2013007131

This letter reports the findings of a state licensure survey revisit, a biennial state licensure survey, and a complaint survey that were conducted on July 30, 2013, by a representatives of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected during the revisit and the deficiencies identified on the day of the visit relative to the biennial and complaint survey. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call Paul Brown, HFES, at 727-552-2000.

Sincerely,

For

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

