STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	10/31/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bayside Terrace	9381 U.S. Hwy 19 North Pinellas Park, FL 33782	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced change of ownership (CHOW) state licensure survey with limited nursing services was conducted on in conjunction with a complaint survey, CCR# 2013009465.

The Bayside Terrace, assisted living facility, had a deficiency at the time of this visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations, and interview, the facility failed to provide a safe living enviroment for 1 of 2 floors.

Findings include:

An environmental tour was condcuted with the program manager on at 12:23 PM to review the enviroment issues seen during the tour on the first floor in the secured unit. During the tour the following was observed and confirmed by the program manager;

The dining the memory care unit was noted with one chair soiled with bright red stains, and the second chair with debris on the front crease of the chair.

#173 and 175 were noted missing ceiling tiles at the exposing cables and a floor beam.

had ceiling tiles near the with water damage stains.

water stain on ceiling tiles.

was noted missing a base board on closet, and water damage on right side of sink near the entrance hall.

was noted with a strong odor, brown debri on toilet paper on and the toilet seat with yellow stains.

had water damaged ceiling tiles in hall & , black streak mark on wall, base board missing in missing drawer door on vanity, and a soap dispenser with blackish debris.

11's ceiling tile missing in the entrnace exposing the AC vent.

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I # was noted with ceiling tile with water damage.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

Re: CHOW with LNS & CCR# 2013009465

This letter reports the findings of a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) and a complaint survey that were conducted on , 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were cited relative to the complaint survey and the deficiency that was identified on the day of the visit relative to the CHOW. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
for Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

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