

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/25/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963958	(X3) DATE SURVEY COMPLETED 04/17/2014
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)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014000570, was conducted on 4/17/14.

The Bayside Terrace, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 25, 2014

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

Re: CCR# 2014000570

Dear Administrator:

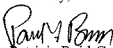
This letter reports the findings of a complaint survey completed on April 17, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,


for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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