STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	**06/26/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Baytree Lakeside	**6411 46th Avenue North Saint Petersburg, FL 33709**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced limited nursing services (LNS) monitoring visit was conducted in conjunction with a complaint survey, CCR# 2014004213, on 06/26/14.

The Baytree Lakeside, assisted living facility, had no deficiencies relative to the LNS monitoring visit. Deficiencies were cited relative to the complaint survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 11, 2014

Administrator
Baytree Lakeside
6411 46th Avenue North
Saint Petersburg, FL 33709

RE: LNS Monitoring Visit & **CCR# 2014004213**

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit and a complaint survey that were conducted on June 26, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates no deficiencies were identified relative to the LNS monitoring visit and the deficiencies that were identified relative to the 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 after 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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