

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/20/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963958	(X3) DATE SURVEY COMPLETED 10/20/2014
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)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-10/20/2014
0054-Medication - Records-10/20/2014
0056-Medication - Labeling And Orders-10/20/2014
0160-Records - Facility-10/20/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 20, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on October 20, 2014, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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
FOR Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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