

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963958	(X3) DATE SURVEY COMPLETED 01/02/2015
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

Three unannounced complaint surveys, CCR# 2014010377 & CCR# 2014010536 & CCR# 2014011742, were conducted on 1/2/15, in conjunction with an unannounced revisit to a complaint survey of 10/13/14.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 12, 2015

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

RE: Revisit, CCR# 2014010377, CCR# 2014010536, CCR# 2014011742

Dear Administrator:

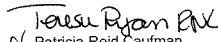
This letter reports the findings of a state licensure survey revisit and three complaint surveys completed on January 2, 2015, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating the previously cited deficiency was corrected relative to the revisit and no deficiencies were identified during the complaint surveys.

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,


Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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