AH Form Approved
6/30/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11963958	A. Building B. Wing	06/26/2015

Name of Facility	Street Address, City, State, Zip Code
BAYSIDE TERRACE	9381 U.S. HWY 19 NORTH PINELLAS PARK, FL 33782

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	06/25/2015	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By [signature]	Date: 7/2/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
05/07/2015	

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 2, 2015

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

RE: Revisit, **CCR# 2015003992**, & Biennial with LNS

Dear Administrator:

This letter reports the findings of a state licensure revisit survey, a complaint survey, and a biennial state licensure survey with limited nursing services (LNS) that were conducted on June 25-26, 2015, by representative(s) of this office.

Attached are the provider's copies of the Revisit Report, which indicates the previously cited deficiency was corrected relative to the revisit, and the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey, and the deficiencies that were identified relative to the biennial with LNS. 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. **Please forward documentation of correction to the Field Office.** 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** at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosures: Revisit Report & State (5000-3547) Forms

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