AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	**06/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BAYSIDE TERRACE	**9381 U.S. HWY 19 NORTH** **PINELLAS PARK, FL 33782**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2015003992, was conducted from 6/25/2015 through 6/26/15, in conjunction with a biennial state licensure survey with limited nursing services (LNS), and a revisit to a complaint survey, CCR# 2015001574.

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

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com