

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943041	(X3) DATE SURVEY COMPLETED 04/21/2016
NAME OF PROVIDER OR SUPPLIER BAYTREE LAKESIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 6411 46TH AVENUE NORTH SAINT PETERSBURG, FL 33709	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

An off-hours complaint investigation (CCR#2016002512) was conducted at Baytree Lakeside assisted living facility in conjunction with a revisit to CCR#2016001039 of 3/28/16 (aspen event id# M35Q12). Baytree Lakeside did not have any deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

April 29, 2016

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

RE: CCR #2016002512

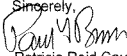
Dear Administrator:

This letter reports the findings of a complaint survey completed on April 21, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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