STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	**10/12/2016**
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

A complaint survey, (CCR# 2016008512), was conducted at Baytree Lakeside Assisted Living Facility on 10/12/2016. Baytree Lakeside Assisted Living Facility had no deficient practice identified during the survey.

(License # 6773)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 27, 2016

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

Dear Administrator:

This letter reports findings of a complaint survey that was conducted on October 12, 2016, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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**, HFES, at (727) 552-2000.

Sincerely,

FW Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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