

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943041	(X3) DATE SURVEY COMPLETED R 03/23/2017
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 follow-up visit to a biennial re-licensure survey with extended congregate care (ECC) services was conducted on 3/23/17 for Baytree Lakeside assisted living facility. The deficient practice previously cited on 1/26/17 was corrected during the revisit. License# 6773.		