

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963958	(X3) DATE SURVEY COMPLETED 06/02/2017
NAME OF PROVIDER OR SUPPLIER BAYSIDE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 On June 2, 2017, a monitoring visit due to a fire was conducted at Bayside Terrace assisted living facility. There was no deficient practice identified at the time of the visit. (License # 6139)		