

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963958	(X3) DATE SURVEY COMPLETED R 07/27/2017
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 A desk review was conducted on 7/27/17 to the biennial state licensure survey with limited nursing services (LNS) completed on 6/27/17. It was determined at the time of the desk review that the deficiencies previously cited at Bayside Terrace, Assisted Living Facility, had been corrected. (License # 6139)		