STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	**08/22/2017**
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 complaint investigation, (CCR# 2017006660), was conducted at Baytree Lakeside on . Baytree Lakeside, Assisted Living Facility, had deficient practice at the time of the investigation.

(License # 6773)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and interview, the facility failed to honor resident's rights by providing a safe and decent living environment, free from hazards, that is clean and comfortable for three of six sampled residents (Residents #3, #4 and #5).

Findings included:

On at 11:25 AM, the facility was observed to have living bedbugs in one of three observed.

A record review of Resident's #3 and #5 revealed physician notes confirming a diagnosis and assessment of bedbug bites.

In an interview with the maintenance staff, he confirmed he had treated two for bedbugs as recently as . An interview with the facility administrator on at 1:30 PM, she confirmed the facility currently had policies and procedures for maintaining a facility free from bedbugs, which was not currently being followed.

Class III