STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	**12/14/2017**
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

Two complaint investigations, (CCR# 2017011922 & CCR# 2017014294), in conjunction with an Extended Congregate Care (ECC) Monitoring Visit, was conducted at Baytree Lakeside, Assisted Living Facility, on 12/14/17. Baytree Lakeside, Assisted Living Facility, had no deficiencies related to the complaint investigations.

(License # 6773)