

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943041	(X3) DATE SURVEY COMPLETED R 01/26/2018
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 desk review was conducted on 1/26/18 to an Extended Congregate Care (ECC) Monitoring Visit of 12/14/17. At the time of the desk review, it was determined that the previously cited deficiency at Baytree Lakeside, Assisted Living Facility, had been corrected. (License # 6773)		