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

An unannounced Extended Congregate Care (ECC) monitoring survey, in conjunction with a complaint survey, was conducted on .

The Baytree Lakeside, Assisted Living Facility /License #6773, had deficiencies at the time of this visit.

E203 - ECC - Staffing Requirements - 58A-5.030(4) FAC

Based on records review and interview, the facility failed to employ a qualified nurse to provide Extended Congregate Care (ECC) services.

Findings included:

A record review conducted on , in accordance with the facility's ECC licensure, revealed the facility had no nurse's credentials on hand to demonstrate compliance with the requirement to have a qualified ECC nurse.

In an interview with the Assistant Administrator at 3:30 pm on , it was confirmed that the facility did not have any registered nurses employed by or contracted with to provide ECC services. The Assistant Administrator stated that they did not have any ECC residents in the facility and were unaware of the requirement to employ or contract with a qualified ECC nurse.

Class III