

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963958	(X3) DATE SURVEY COMPLETED 03/08/2018
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 On March 8, 2018 Complaint CCR# 2018002619 and CCR#2018000390 surveys in conjunction with a Revisit to 1/22/18 CHOW with limited nursing services (LNS) survey was conducted at Bayside Terrace. No deficiencies were identified during the visit. (License #6139)		