

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963958	(X3) DATE SURVEY COMPLETED R 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 a Revisit to 1/22/18 CHOW with limited nursing services (LNS) in conjunction with Complaints CCR# 2018002619 and CCR#2018000390 was conducted at Bayside Terrace. All previously cited deficiencies were corrected at the time of the visit.
(license #6139)