STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	**08/15/2018**
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

An Extended Congregate Care Monitoring survey at Baytree Lakeside on 08/15/18 in conjunction with a revisit to 05/15/18 complaint survey (CCR#2018005790) and a second revisit to 03/09/18 and 05/15/18 complaint survey (CCR#2018003103, 2018002208 and 2018000692). No deficient practice was cited related to the monitoring survey.

(License# 6773)