STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	R **10/12/2018**
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 second revisit to 05/15/18 and 08/15/18 complaint survey (CCR#2018005790) was conducted on 10/12/18, in conjunction with a third revisit to 03/09/18, 05/15/18 and 08/15/18 complaint survey (CCR#2018003103, 2018002208 and 20180000692) at Baytree Lakeside Assisted Living. No deficiencies were identified at the time of this visit.

(License #6773)