| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11943041** | R<br>**10/12/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BAYTREE LAKESIDE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6411 46TH AVENUE NORTH**<br>**SAINT PETERSBURG, FL 33709** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

Assisted Living Facility

A third revisit to 03/09/18 and 08/15/18 complaint survey (CCR#2018003103, 2018002208 and 2018000692) was conducted at Baytree Lakeside Assisted Living Facility on 10/12/18 in conjuction with a second revisit to 05/15/18 and 08/15/18 complaint survey (CCR#2018005790). No deficiencies were identified at the time of the visit.

(License# 6773)