

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943041	(X3) DATE SURVEY COMPLETED 01/22/2019
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 Complaint investigation (CCR# 2018016280) was conducted on 1/22/19, in conjunction with a Biennial licensure survey with Extended Congregate Care (ECC). The Baytree Lakeside, Assisted Living Facility (License #6773), had no deficiencies specific to the Complaint. Deficiencies were found during the Biennial survey.		