STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	R **01/28/2019**
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

A revisit to a 12/3/2018 complaint survey (CCR# 2018016136) in conjunction with complaint survey (CCR# 2018017931 and 2018018383) and a second revisit to 10/5/18 complaint (CCR#2018013348 and 2018010469) was conducted on 01/28/2019 at Bayside Terrace (License #6139), an assisted living facility in Pinellas Park, Florida. There were no deficiencies identified at the time of the investigation.