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 second revisit to a Complaint survey (CCR#2018013348 and 2018010469) was conducted on in conjunction with a revisit to a complaint survey (CCR# 2018016136) and a complaint survey (CCR# 2018017931 and 2018018383) at Bayside Terrace (License #6139), an assisted living facility in Pinellas Park, Florida. There were deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and interview, the facility failed to obtain an interdisciplinary care plan between hospice and the facility for three (Resident #3, #4, #5) of five resident records reviewed.

Findings Included:

Resident record review conducted on revealed there was no interdisciplinary care plan between hospice and the facility for Resident #3 who started receiving Hospice Services on .

Resident record review conducted on revealed there was no interdisciplinary care plan between hospice and the facility for Resident #4 who started receiving Hospice Services on .

Resident record review conducted on revealed there was no interdisciplinary care plan between hospice and the facility for Resident #5 who started receiving Hospice Services on .

An interview with the Administrator was conducted on at 02:19pm. The Administrator reviewed the files and confirmed there were no interdisciplinary care plan between hospice and the facility for Residents #3, #4, or #5.

Class III