| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963958** | R<br>**03/19/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**BAYSIDE TERRACE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9381 U.S. HWY 19 NORTH**<br>**PINELLAS PARK, FL 33782** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A third revisit to 10-05-18, 12-03-18 and 01-28-19 complaint survey (CCR# 2018013348 and 2018010469) conducted at Bayside Terrace Assisted Living Facility in conjunction with a Limited Nursing Services (LNS) monitoring on 03-19-2019. There was no deficient practice at the time of the visit.

(License# 6139)