STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	**05/14/2019**
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

A complaint investigation (complaint numbers 2019003628, 2019006017 and 2019006380) was conducted at Bayside Terrace (Assisted Living Facility) on 5/14/19. The facility had no deficiencies at the time of the survey.