AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 22, 2012

Administrator
Parkside Assisted Living
329 Church Street
Starke, FL 32091

Re: CCR #2012009073

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on October 18, 2012 by a representative of this office. Enclosed is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

AH Form Approved
10/19/2012

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11966001

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
10/18/2012

Name of Facility
PARKSIDE ASSISTED LIVING

Street Address, City, State, Zip Code
329 CHURCH STREET
STARKE, FL 32091

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0008** Reg. # **58A-5.0181(2) FAC** LSC	**10/18/2012**	ID Prefix **A0025** Reg. # **58A-5.0182(1) FAC** LSC	**10/18/2012**	ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	**10/18/2012**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency **Reviewed By** **Date:** **Signature of Surveyor:** [signature] **Date:** 10/26/12

Reviewed By CMS RO **Reviewed By** **Date:** **Signature of Surveyor:** [signature] **Date:** 10/26/12

Followup to Survey Completed on:
8/24/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**