



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2013

Administrator
Parkside Assisted Living
329 Church Street
Starke, FL 32091

Dear Administrator:

This letter reports the findings of a monitoring survey for bed increase that was conducted on August 9, 2013 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

IGGN



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/15/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966001	(X3) DATE SURVEY COMPLETED 08/09/2013
NAME OF PROVIDER OR SUPPLIER Parkside Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 329 Church Street Starke, FL 32091	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A survey was conducted at Parkside Assisted Living on August 9, 2013, to expand their license from 14 beds to 24. The facility was in compliance with 429.01-429.54, Part I & 408, Part II, Florida Statutes, and 58A-5 & 59A-35, Florida Administrative Code.