

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 11/06/2013  
FORM APPROVED

|                                                                                                        |                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910357</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>10/25/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Parkside Inn</b>                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1613 Sw 3rd St<br/>Boynton Beach, FL 33435</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                            |                                                     |

**List of Tags Cited:**

St - A - 0000 - - Initial Comments

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced complaint inspection survey (CCR# 2013006933) was conducted on 10/25/13. Parkside Inn, had no deficiencies found at the time of the visit.

(Note: A revisit to Change of Ownership survey, which was completed on 8/29/13, was conducted in conjunction with this complaint survey.)



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 06, 2013

Administrator  
Parkside Inn  
1613 SW 3rd St  
Boynton Beach, FL 33435

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 25, 2013 by a representative of this office. Attached 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

*J. Wedges - Phoenix, Arizona*  
for Arlene Mayo-Davis  
Field Office Manager

AMD  
Enclosure

