

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910357	(X3) DATE SURVEY COMPLETED 10/07/2014
NAME OF PROVIDER OR SUPPLIER Parkside Inn	STREET ADDRESS, CITY, STATE, ZIP CODE 1613 SW 3rd St Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2014008066, was conducted on 10/07/14 at Parkside Inn. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 17, 2014

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

RE: CCR #2014008066

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 7, 2014 by a representative of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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