RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 4, 2015

Administrator
Parkside Assisted Living
329 Church Street
Starke, FL 32091

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 29, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), 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(s). Should you have any questions please call Catherine Pitts at (386) 462-6201.

Sincerely,

for

Kristie J. Mennella
Field Office Manager

KJM/jjh
Enclosure

DT9D

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966001	R **04/29/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PARKSIDE ASSISTED LIVING	**329 CHURCH STREET STARKE, FL 32091**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to a biennial survey was conducted by desk review for Parkside Assisted Living on 04/28/2015. Previously cited deficiencies were cleared.