

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/06/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910357	(X3) DATE SURVEY COMPLETED 12/21/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A complaint investigation CCR 2015010406 was conducted on 12/21/2015. Exquisite Senior Care, Inc. had no deficiencies at the time of the investigation



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 6, 2015

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

RE: CCR #2015010406

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 21, 2015 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/dlt
Enclosure

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