

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910357	(X3) DATE SURVEY COMPLETED 03/29/2017
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 An announced wellness monitoring survey; was conducted on 03/29/2017 at Parkside Inn, license # 1059. The facility had no deficiencies found at the time of the visit.		