STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966001	R **05/12/2017**
NAME OF PROVIDER OR SUPPLIER **PARKSIDE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **329 CHURCH STREET** **STARKE, FL 32091**	

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

0000 - Initial Comments

A follow-up to a biennia survey with Limited Nursing Services (LNS) was conducted at Parkside Assisted Living Facility (license #10278) was conducted on 5/11/2017. Parkside Assisted Living Facility had no deficiencies at the time of the visit.

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