STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	R **06/06/2017**
NAME OF PROVIDER OR SUPPLIER **PARK PLACE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 PARK STREET** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

A 2nd revisit to 2/16/17 biennial survey in conjunction with 2nd revisit to 2/16/17 complaint CCR#2016014777 (1Q4Y13) and revisit to 4/7/17 complaint CCR#2017002566 (0X1D12) was conducted on 6/6/17 at Park Place ALF. The deficient practice previously cited on 2/16/17 was corrected during the survey.
(license #8284)