

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942870	(X3) DATE SURVEY COMPLETED 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 complaint CCR#2016014777 in conjunction with 2nd RV to 2/16/17 Biennial (NJM713) and a 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)		