

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942870	(X3) DATE SURVEY COMPLETED 08/09/2017
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 On August 9, 2017, a Monitoring Visit for status of facility was conducted at Park Place Assisted Living . The facility was vacant. (license # 8284)		