

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942870	(X3) DATE SURVEY COMPLETED 11/03/2017
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 monitoring visit for facility status/operation was conducted at Park Place of Dunedin on 11/3/17. There was no deficient practice identified at the time of the visit. (License # 8284)		