STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969264	**11/13/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE ASSISTED LIVING AND MEMORY COTTAGE LLC	**2595 HARBOR BLVD PORT CHARLOTTE, FL 33952**

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

0000 - Initial Comments

An off-site survey was completed on for Parkside Assisted Living and Memory Cottage LLC (license #13075), an assisted living facility in Port Charlotte. Florida.

The following is a description of the deficiency.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to file their emergency plan with the local emergency management agency within 30 days from their licensure.

The findings included:

On the Charlotte County Emergency Management agency (CEM) provided written documentation. The notes show the CEM representative met with the facility in person on . They had further contact with the facility on , and . The facility failed to provide the required plan due on , by .

On at 3:30 a.m., the owner said the facility was still working on the plan and knew it had not been submitted yet.

Class III