

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910357	(X3) DATE SURVEY COMPLETED R 01/16/2018
NAME OF PROVIDER OR SUPPLIER PARKSIDE INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1613 SW 3RD ST BOYNTON BEACH, FL 33435	

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

0000 - Initial Comments

A relicensure survey revisit was completed by desk review on 01/16/2018 for Parkside Inn Assisted Living Facility, License #1059. Previously cited deficiencies were found corrected.