STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966001	**05/24/2018**
NAME OF PROVIDER OR SUPPLIER **PARKSIDE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **329 CHURCH STREET** **STARKE, FL 32091**	

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

0000 - Initial Comments

On May 24, 2018 a Limited Nursing Monitoring Survey (LNS) was conducted at Parkside Assisted Living Facility in Starke. No deficient practice was identified during the survey. License #10278.