STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969264	**06/05/2018**
NAME OF PROVIDER OR SUPPLIER **PARKSIDE ASSISTED LIVING AND MEMORY COTTAGE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2595 HARBOR BLVD** **PORT CHARLOTTE, FL 33952**	

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

0000 - Initial Comments

An unannounced off-hours complaint survey for CCR#2018003427 survey was conducted on 6/5/18 at Parkside Assisted Living and Memory Cottage, an assisted living facility (License #13075) in Port Charlotte, Florida.

No deficiencies were found at the time of the visit.