

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910357	(X3) DATE SURVEY COMPLETED 06/19/2018
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

An unannounced licensure complaint survey CCR# 2018004384 was conducted on 06/19/2018 at Parkside Inn Assisted Living Facility, License #1059. The facility had no deficiencies identified at the time of the survey.