| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910357** | **08/06/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**PARKSIDE INN** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1613 SW 3RD ST**<br>**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# 2018008247, was conducted on 08/06/2018 at Parkside Inn, License #1059. The facility had no deficiencies identified at the time of the visit.