STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969264	R **09/13/2018**
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

A follow-up by desk review was conducted on 9/13/18 for Parkside Assisted Living and Memory Care, an assisted living facility (license # 13075) in Port Charlotte, Florida.

The follow-up was in response to the limited nursing services and emergency power plan monitoring survey which was conducted on 8/23/18.

Based on the facility's supporting documentation, the deficiency was corrected as of 9/12/18.