STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966001	R-C **04/11/2019**
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 April 11, 2019, an unannounced follow up to the abbreviated biennial re-licensure survey in conjunction with Limited Nursing Services (LNS) and Emergency Power Plan monitoring surveys was conducted by desk review for Parkside Assisted Living. Deficient practice was not identified at the time of the desk review.