Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969264	A. BUILDING: _____ B. WING _____	R 07/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE ASSISTED LIVING AND MEMORY COTTAG	2595 HARBOR BLVD PORT CHARLOTTE, FL 33952

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A follow-up by desk review was conducted on . . . . . for Parkside Assisted Living and Memory Cottage LLC, an assisted living facility in Port Charlotte, Florida. The follow-up was in response to the change of ownership, generator monitoring and complaint survey completed on . . . . . . The following is the description of the deficiencies found at the time of the review.	{A 000}		
{A 083} SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (. .). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a staff member who has	{A 083}		

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{A 083}	Continued From page 1 documentation of current valid ( ) and First Aid training from a recognized organization was in the facility at all times on 4 of 4 days reviewed. This has the potential to lead to proper emergency care not being administered if needed. The findings included: On record review of the staffing schedule revealed Care Giver Staff K was the only staff member in the facility on the 10 pm to 6 am shift on and identified as having a current /First Aid training. Review of the /First Aid card for Staff K revealed the provider was an on-line educator and did not meet the requirement for in-person demonstration as required by regulation. On at 10 a.m. in a phone interview, the Executive Director said she was not aware the /First Aid training for Staff K was on-line and did not include in-person demonstration. She also said she was not aware of the requirement for in-person demonstration. Class III	{A 083}		