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
	AL11910357	A. BUILDING: _____ B. WING _____	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE INN	1613 SW 3RD ST BOYNTON BEACH, FL 33435

(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 An unannounced Relicensure and Generator Monitoring survey was conducted on [redacted] at Parkside Inn. The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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A 030	Continued From page 1 and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where	A 030		

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A 030	Continued From page 2 residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as	A 030		

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A 030	Continued From page 3 provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with	A 030		

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A 030	Continued From page 4 relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility	A 030		

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A 030	Continued From page 5 must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, records review, and interviews, it was determined that the facility failed to treat in a dignified manner 1 of 4 sampled Residents (Resident #11). Also, the facility failed to respect 1 of 5 sampled Residents (Resident #12)'s privacy during Resident #12 self-administration of medication. Lastly, 1 of 3 sampled Employees (Employee B) failed to practice control while assisting residents with self-administration of their medications.	A 030		

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A 030	Continued From page 6 The findings included: At 11:20 AM, Staff B was observed initiating the preparatory task to assist residents with self-administration of medications. Staff B put on a pair of gloves without washing her , then she pushed the medication cart out of the medication room (med room) to the hallway. She stationed the med cart adjacent to the activity room in the hallway. Staff B turned on her computer, selected the first resident to administer medication to, then she opened the second draw of the med cart and retrieve one of the Residents' pills. She pushed the pills into a soufflé cup, poured water into a small cup, and took everything to a resident who sat in the activity room next to other residents. She told the resident I have your medications, without identifying the pills. After the resident swallowed the pills, staff B took the soufflé cup from the resident and returned to the med cart where she disposed of the soufflé cup in the disposable container attached to the med cart. Staff B then signed the electronic Medication Observation Record (MOR). Without changing her gloves and washing her , at 11:30 AM, Staff B opened the med cart and retrieved Resident #4's medications. Staff B called Resident #4 whom Staff B observed in the hallway walking away towards the nursing station. Staff called Resident #4 loudly and stated "Resident #4 come take your medications". Resident #4 returned and came to take the medications which were administered the same way as the previous meds were administered. Staff B performed the same routine without changing gloves and or washing or sanitizing her .	A 030		

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A 030	Continued From page 7 Staff B then opened the med cart and took a third resident's pills and administered them the same way she did for the first resident. Staff B never changed her gloves, never washed her , and never sanitized her . Staff B also touched multiple surfaces including the med cart, the computer, the garbage disposal, the souffle cups retrieved from other residents, and multiple medication packages. Staff violated Resident #4's privacy and failed to practice control protocols. At 12:05 PM, on the 5th of , during lunch, four residents (Residents #3, #10, #11 & #12) were observed seated at the same table in the dining room waiting to be served. Three of the four residents seated at the table were the first ones observed to be brought into the dining room. Resident #12 joined them at the table after many other residents started eating. Yet, nothing but juice was served to Residents # 3, 10, and 11. The staff brought most of the other residents into the dining room via wheelchairs. A few other residents independently walked in the dining room and sat at their respective tables. Even though Resident #12 joined the three residents late at the table, he was served at 12:09 PM. While Resident #12 ate and savored his meal, Resident #11 was observed wiping his with his indicating a desire to eat. When Resident # 11 could not find anything to eat, he reached out for his emptied cup of tried to drink. The Surveyor observing the pitiful scene called a server over to assist Resident #11. He was served more juice. In the meantime, Resident #13 was asleep in her chair, and Resident #3 sat there waiting to be served. After Resident #12 consumed all his meal, and most of the residents finished eating and started leaving	A 030		

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A 030	Continued From page 8 the dining room, Staff brought over Resident #3's and Resident #11's pureed meal at 12:29 PM. At 12:30 PM they brought Resident #13's pureed meal. While the meal was placed in front of Resident #11, he got tempted multiple to place his in the meal. It took nearly five minutes, or at exactly 12:31PM a staff came and fed Resident #11. The Administrator said on at 5:00 PM that the reason why the residents were served late was because they need feeding assistance. She said that they will change the process from now on and make sure those residents are served first. Class III	A 030		
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement	A 032		

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A 032	Continued From page 9 for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement.	A 032		

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A 032	Continued From page 10 (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on records review and interviews, the facility failed to provide evidence of having conducted elopement drills and failed to document their completed elopement drills. The findings included: The Administrator said on at 2:50 PM that she could not find the record of elopement drills completed for this year 2024. The Administrator provided document of an elopement drill that was completed on , . Staff A reported on at 3:46 PM, that she has been working at the facility for many years, nearly a decade. Staff A said that she works as a housekeeper, but she did not recall participating in any recent elopement drills. Staff A said that she works in the evening and occasionally in the morning. On at 4:05 PM Staff B, a medical technician (Med Tech) informed when questioned that she had not yet participated in any elopement drills. Staff B said that she was hired in and works morning and evening shifts. During a follow-up interview with the Administrator during the Exit meeting on at 5:00 PM, she said that she could not locate the records of the elopement drills completed, but she was sure that they had completed the required elopement drills. The Administrator provided no additional	A 032		

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A 032	Continued From page 11 information. Class III	A 032		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has	A 055		

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A 055	Continued From page 12	A 055		

been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.
(c) Centrally stored medications must be:
1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered

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A 055	Continued From page 13 abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that centrally stored medications were kept in a locked storage receptacle at all times. It was also determined that staff failed to keep all medications secure while assisting residents with self-administration of medications during one of three shifts (morning shift). The findings included: On at 8:45 AM, while touring the medication room, accompanied by the Administrator Assistant, it was observed that the medication , 0.5 for , was kept in an unlocked refrigerator. Additionally, the medication was exposed to view once the refrigerator door was opened. The Administrator Assistant said when questioned about the unsecured medication, she did not know that the medication was supposed to be locked in the refrigerator. At 11:30 AM on , while Staff B was assisting residents with self-administration of their	A 055		

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
	AL11910357	A. BUILDING: _____ B. WING _____	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE INN	1613 SW 3RD ST BOYNTON BEACH, FL 33435

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A 055	Continued From page 14 medications, Staff B left a bubble pack of , medications unsupervised with the Surveyor. Staff B interacted with residents in the Activity Room while the Surveyor had possession of the medications. In a follow-up interview with Staff B on at 4:05 PM, Staff B, a Medical Technician said that she completed the required medication training. Staff B said that she knew that she was not supposed to leave the medication unattended, but she got distracted by the residents. Staff B said that will be more prudent next time. At the Exit meeting on at 5:00 PM, the findings were discussed with the Administrator. The Administrator said that she would conduct in-services with the staff to ensure that the identified concerns are corrected and that Staff master the procedures. Class III	A 055		