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 _____	06/24/2025

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

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A 000	Initial Comments An unannounced complaint investigation for #2024016809, #2025000487, #2025002022, #2025005190, #2025005230 and emergency power plan monitoring survey was conducted at Parkside Assisted Living and Memory Cottages, LLC, on through . Deficiencies were identified at the time of survey. .	A 000		
A 032 SS=E	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 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	A 032		

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A 032	Continued From page 1 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. (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 observation, record review, and interview, the facility failed to ensure residents deemed an elopement risk have identification on their persons to include their name, the facility's name, address, and telephone number for 23	A 032		

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A 032	Continued From page 2 (Resident #2, #6, #7, #8, #9, #10, #11, #12, #13, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28) of 23 residents deemed an elopement risk. The findings included: Policy: Elopement Protocol. . . . "P.A.L.M.C. Protocol for: . . . Memory Care Residents are not permitted to exit their neighborhood alone. Each Memory Care Resident has an I.D. bracelet on that is checked at every meal time, med pass, and periodic visual checks." On , at 9:37 a.m., during an interview, the Director of Wellness said that all of the residents in the Memory Care Unit are considered an elopement risk. On , at 11:30 a.m., during an interview, the Executive Director acknowledged that all of the residents residing in the Memory Care Unit are considered an elopement risk. Review of Resident #9's record revealed a Resident Health Assessment Form 1823 dated , indicating Resident #9 was an elopement risk with a diagnosis of 's with Behaviors, , , , , Right , . Review of Resident #27's record revealed a Resident Health Assessment Form 1823 dated , indicating Resident #27 was an elopement risk with a diagnosis of 's, , , , Hx Non- Lymphoma, generalized , , , Vit B deficiency, Hx cutaneous	A 032		

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A 032	Continued From page 3 On at 10:40 a.m., during a tour of the Memory Care Unit, Resident #9 and Resident #27 were observed sitting at a table. Resident #9 and Resident #27 were not observed to be wearing any identification bracelet. On at 11:10 a.m., during an interview, Caregiver Staff C said that sometimes the residents take the off and was unsure where the replacements were. On at 8:00 a.m., during a tour of the Memory Care Unit, Resident #9 and Resident #27 were not observed to be wearing identification bracelets. All other residents (#2, #6, #7, #8, #10, #11, #12, #13, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #28) were observed wearing purple ID bracelets with just the residents' name on them. The facility name, address, and telephone number were not observed to be on the bracelets. ** Photographic Evidence on File ** On at 10:15 a.m., during an interview, the Director of Wellness said that on Wednesday identification bracelets for Memory Care are replaced. She said that she checks them every Wednesday. She acknowledged that is not policy. She said that she was unaware that she was supposed to have the name of the resident, the facility name and address, and phone number on all elopement risk residents' bracelets. The Director of Wellness said that she knew that it needed to be done on a more consistent basis, but she was doing the best she could. She said she would retrain the ID bracelet parameters. On at 11:30 a.m., during an interview,	A 032		

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A 032	Continued From page 4 The Executive Director said she knew that both the facility policy and the regulation was to have the resident's name, facility name, phone number and address on each ID for elopement risk residents. Both the Executive Director and the Director of Wellness acknowledged that 2 residents had no ID on for 2 days, and the remaining memory care residents had with just the resident's name. Class III .	A 032		
A 081 SS=E	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s.	A 081		

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A 081	Continued From page 5 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to	A 081		

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A 081	Continued From page 6 facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:	A 081		

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A 081	Continued From page 7 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure all direct care employees completed 1 hour of Elopement Response training based on facility policies and procedures for 4 (Staff C, D, F, and G) out of 4 records reviewed. The findings included: Record review for Caregiver Staff C revealed a date of hire of . 1 hour of Elopement training completed on was documented through myALFtraining.com, an online computer-based training system. Caregiver Staff	A 081		

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A 081	Continued From page 8 C failed to complete the required facility-based training. Record review for Caregiver Staff F revealed a date of hire of . 1 hour of Elopement training completed on was documented through myALFtraining.com, an online computer-based training system. Caregiver Staff F failed to complete the required facility-based training. Record review for Medication Technician (MT) Staff G revealed a date of hire of . 1 hour of Elopement training completed on was documented through myALFtraining.com, an online computer-based training system. MT Staff G failed to complete the required facility-based training. Record review of Medication Technician (MT) Staff D revealed a date of hire of . There was no documented elopement training located in the personnel file of MT Staff D. MT Staff D failed to complete the required facility-based training. On at 10:15 a.m., during an interview, the Director of Wellness said that the main office fired the business office manager who was in charge of completing trainings sometime in . . The job was left to her. She said that she did the best she could but acknowledged that the employee trainings were incomplete. On at 11:30 a.m., during an interview, the Executive Director said that there was once a business office manager. The position was eliminated. What was created was a combination front office position. There is a new person in place who will be delegated the responsibility of maintaining on-boarding and all of the trainings,	A 081		

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A 081	Continued From page 9 but she just started. Currently the process is that all of the employees are sat down in front of a computer and complete the computer based myALFtraining. There is no facility-based training currently. They are working on formulating a plan. The ED said that what she wants to do is spearhead the in-facility trainings for everyone so that all of the employees, new and old, will be caught up. They will immediately audit all of the files. The ED and the Director of Wellness acknowledged the lack of staff training on the Facility's Elopement policy and procedure. Class III	A 081		