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 _____	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE ASSISTED LIVING AND MEMORY C	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	In al Co ents A relicensure, e ergency power plan monitoring, health facility reporting sysytem and complaint inve ation #2025012341, #2025012456, #2025014253, #2025018161, and #2025018234 at Parkside Assisited Living and Memory Cottage LLC on 12/16/25. Defic enc es were identif ed at the t e of the survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licen ed physician when a resident exhibits signs of de entia or cogn ve impair ent or has a change of condition in order to rule out the pre ence of an underlying physiological condition that may be contributing to such de entia or impair ent. The notification must occur within 30 days after the acknowledg ent of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's repre entative or designee of the need for health care ervices and must assist in making appoint ents for the necessary care and ervices to treat the condition. If the resident does not have a repre entative or designee or if the resident's repre entative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and ervices to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and ervices appropriate to the needs of residents accepted for admission to the facility.	A 025		

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A 025	Contin ed From page 1 (1) SUPERVISION. Facil es must offer personal supervision as appropriate for each resident, incl ng the following: (a) Monitoring of the quantity and quality of resident d ets in accordance with Rule 59A-36.012, F.A.C. (b) Daily o ervation by designated staff of the activ es of the resident while on the pre es, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabo . The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or ca e manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or ca e manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illne es that resulted in edical attention, changes in the ethod of edication administration, or other changes that resulted in the provision of additional ervices. This Statute or Rule is not et as evidenced by: Ba ed on interv ew, and record rev ew, the facility failed to a ess and notify appropriate persons for a change of condition to rule out the pre ence of an underlying physiological condition for 1 (Resident #16) of 3 residents rev ewed for transfer out of the facility. Failure to superv e and report the change in condition from 11/24/25 to 12/1/25 directly threatened Resident's #16's health to the point Resident #16 beca e unresponsive to painful stimuli.	A 025		

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A 025	Contin ed From page 2 The findings included: Rev ew of the facility policy CL04 - Change in Resident Status, Policy date: 7/31/2025, Policy: "Community staff have the responsibility to provide care to each resident and summon edical attention when the resident has a change in status." Procedure: 1. Caregivers will notify the Health & Wellness Director or Med Tech on duty whenever there is a change in a resident's status. a. The Health & Wellness Director or designee will contact the resident's physician when there's a change in the resident's status. 2. Changes in resident status or ability to function include but are not limited to: . . b. Refusal to eat, drink or take edication. . . e. Decrea e in the ability to communicate or responsiveness. f. Decline in cogn ve function, depressive behaviors, or exit eeking behavior. . . 9. All changes in resident condition will be reported to the Health & Wellness Director for follow-up. 10. Obtain an updated physician's report if there is a significant change in the resident's physical, ental, emotional, and or social functioning. . ." Rev ew of the record revealed Resident #16 was admitted to the facility in 2022. The resident resided in the Memory Care Unit and the resident's daughter was the POA (Power of Attorney). The facility was responsible to notify the resident's POA when there was a change in resident condition/status. 1. Rev ew of Resident #16's Medication Administration Record (MAR) dated 11/24/25	A 025		

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A 025	Contin ed From page 3 revealed Resident #16 ref ed 7:00 a.m. edication inclusive of Alprazolam (ed to treat an ety), Buspirone (ed to treat an ety), Gemfibrozil (ed to treat high triglycerides and cholesterol), Levothyroxine (ed to treat hypothyroidism) , Meloxicam (ed to treat inflammation), and Tramadol (ed to treat pain). The resident ref ed edication at 9:00 a.m. inclusive of etiapine (antipsychotic). The resident ref ed edication at 1:00 p.m. inclusive of Alprazolam and Buspirone. The resident ref ed edication at 2:00 p.m. inclusive of etiapine. Rev ew of Resident #16's progress note dated 11/24/25 at 2:47 p.m. by the facility Medication Technician (MT) Staff E revealed, "At about 10:25 a.m., Resident was shaking a little, did not want to get up, ref ed eals and edication for today. Just contin e to monitor resident throughout the day." There was no doc entation the staff notif ed the Health & Wellness Director (HWD), the POA or the primary care provider (PCP) that the resident had ref ed edication and eals and did not want to get up. 2. Rev ew of the MAR dated 11/25/25, revealed Resident #16 ref ed 1:00 edication inclusive of Alprazolam and Buspirone. At 2:00 p.m. Resident #7 ref ed etiapine. At 5:00 p.m. the resident ref ed Gemfibrozil and Tramadol. There was no progress note for 11/25/25. There was no doc entation the facility notif ed the HWD, the POA, or PCP that the resident had ref ed edication. 3. Rev ew of the MAR dated 11/26/25, revealed	A 025		

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A 025	Contin ed From page 4 Resident #16 ref ed all edications at 7:00 a.m., 8:00 a.m., 9:00 a.m., 1:00 p.m. and 2:00 p.m. inclusive of Alprazolam, Buspirone, Gemfibrozil, Levothyroxine, Meloxicam, One Daily Wo en's 50+, etiapine, and Tramadol. Resident #16's progress note dated 11/26/25 by the Ho e Health Agency RN (Registered Nur e) revealed, "Did a e ent pat ent lying in her bed will only respond to painful stimuli. She is breathing and VS WNL (vital signs within normal limits). Oxygen sat (saturation) 89% on room air. Talked to LPN (Licen ed Practical Nur e) WD (Wellness Director) about ending pat ent out to ER (E ergency Room) to be evaluated. Stated they called the MD wa ng on call back to ee if this is okay. Per pat ent's caregiver she is not eating and is only taking a sip or two when drinking. Asked the facility to call 911 however per their policy they must wait on MD (Medical Director). Educated to call the ho e health agency for all non-life-threatening signs and symptoms. Verbalized understanding. Rev ew of the progress note dated 11/26/25 at 12:26 p.m. by MT Staff H revealed, "Resident ref ed to take eds d e to not feeling well; also ref ed eals breakfast and lunch. Resident stayed in bed throughout the shift d e to not feeling well." Rev ew of the progress note dated 11/26/25 at 10:05 p.m., by the MT Staff G, "Resident went out of building with daughter for a couple hours but has returned. Her daughter stated the resident slept most of the t e of being out." There was no doc entation the facility notif ed the POA that the resident had ref ed edication and eals at the facility or that Resident #16 did not feel well and did not want to get out of bed.	A 025		

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A 025	Contin ed From page 5 During an interv ew on 12/15/25 at 9:13 a.m., Resident #16's POA said she picked up the resident in the afternoon on 11/26/25 for a ho e visit. She said the resident was in bed when she got there and that was not her usual behavior. She usually was up in the wheelchair out of the bedroom. The POA said she and her grandson had to physically lift Resident #16 into the car. The POA said one staff ember helped beca e the resident was dead weight. While ho e, Resident #16 would only drink a little soup and juice during the visit and slept most of the t e. She thought it was ca ed by the edication. She returned Resident #16 to the facility in the evening on 11/26/25 and did not ee the resident again until 12/1/25 when the facility notif ed her the resident was unresponsive. She said the facility did not notify her Resident #16 ref ed edication daily from 11/24/25, through 11/30/25. They did not notify her the resident did not feel well or ref ed to get out of bed. They did not notify her the Ho e Health Agency RN thought the resident needed a hospital evaluation. The POA said if she had known she would have taken Resident #16 to the hospital. During a telephone interv ew on 12/16/25 at 12:12 p.m., the Ho e Health Agency RN, she said she was in the facility on 11/26/25. She said Resident #16 was in bed and that was unusual. She said she tr ed to wake her, and she would not wake up. She said a chest sternum rub did nothing. (A chest sternum rub is an inten e, deep pressure or a painful grinding/rubbing on your breastbone (sternum), often with a f , intended to ca e discomfort to check responsiveness in an unconscious person.) She said she took her fingers to open the resident's eye, and the resident looked at her but did not say anything.	A 025		

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A 025	Contin ed From page 6 She said she interrupted the eeting and asked the HWD to call 911 for the resident. The HWD told her they contacted the provider and are wa ng for a call back. She said she notif ed the Ho e Health Agency Clinical Manager about the incident. During an interv ew on 12/16/24 at 2:04 p.m., the HWD said the Ho e Health Agency RN did not ask her to call 911 for Resident #16. During a telephone interv ew on 12/16/25 at 3:13 p.m., the Ho e Health Agency Clinical Manager, she said the Ho e Health Agency RN called her on 11/26/25 and told her Resident #16 needed 911 and that she notif ed the HWD. She said she doc ented it in a report that she emailed to the facility on Monday, 12/1/25. 4. Rev ew of the MAR dated 11/27/25, Resident #16 ref ed all edications that were scheduled for 1:00 p.m., 2:00 p.m. 5:00 p.m., 7:00 p.m., and 8:00 p.m. inclusive of Alprazolam, Buspirone, Donepezil (ed to treat de entia), Gemfibrozil, etiapine, Stool Softener, Tramadol, and Trazodone (ed to treat depression). There was no progress note for Resident #16 on 11/27/25. There was no doc entation the facility notif ed the HWD, the POA, or the PCP the resident ref ed the edication. During a telephone interv ew on 12/16/25 at 1:33 p.m., MT Staff C said she worked on 11/27/25. She said she notif ed the MCC on her mobile phone #863-244-5149 that Resident #16 would not take her edications, was in bed, and did not want to do anything. Staff C said the MCC told her to try to give the edication again. Staff C	A 025		

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A 025	Contin ed From page 7 said she tr ed again, and the resident would not take them. She said the MCC told her to, "just mark it down." 5. Rev ew of the MAR dated 11/28/25, the facility held Resident #16's edication at 1:00 p.m. and 2:00 p.m. inclusive of Alprazolam, Buspirone, and etiapine. The facility doc ented in the MAR the reason the edications were held: "Resident will not wake up from sleeping in wheelchair; Resident physically unable to take eds." Rev ew of the progress note dated 11/28/25 at 11:48 p.m., by the LPN (Licen ed Practical Nur e), MCC (Memory Care Coordinator), "Reported by MT assigned, resident noted to be more fatig e than usual. Resident reported to also be refusing eals. Provider notif ed. Telephone order received for UA, CBC and CMP (urinalysis, complete blood count and comprehensive etabolic panel). Daughter [na e] was notif ed and no concerns voiced." During an interv ew on 12/16/25 at 7:26 a.m., MT Staff F said she was at the facility when Resident #16 ref ed edications and food. She said when Resident #16 did not take edications, she wrote a progress note. She said on 11/28/25 at 8:42 a.m. she texted the MCC the following: "Hey [na e of Resident #16] has been sleeping all morning in her chair. I'm unable to wake her up for her to take her edication l g ess she hasn't eaten in 2 days beca e she has been sleeping." Staff F said she thought Resident #16 should go to the hospital. During an interv ew on 12/15/25 at 11:25 a.m., the MCC said around Thanksgiving t e Resident	A 025		

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A 025	Contin ed From page 8 #16 beca e ill. The resident stopped eating. She notif ed the APRN (Advanced Practice Registered Nur e) on 11/28/25. The APRN gave orders for lab work. She said the facility did not collect the urine or the blood work beca e the lab was clo ed until Monday. The MCC said she did not inform the ARNP or the HWD that the spec ens were not collected. The MCC said then on 12/1/25 Resident #16 was unresponsive and 911 was called and Resident #16 was transported to the hospital. During a telephone interv ew on 12/16/25 at 2:27 p.m., the Laboratory Manager she said they did not clo e for Thanksgiving. She said the last lab re , est for Resident #16 was in 2024. They did not receive an order on 11/28/25 for a UA, CBC or CMP for Resident #16. 6. Rev ew of the MAR dated 11/29/25 and 11/30/25 the facility held all of Resident #16's edications incl ng scheduled do es at 7:00 a.m., 8:00 a.m., 9:00 a.m., 1:00 p.m., 5:00 p.m., 7:00 p.m. and 8:00 p.m. inclusive of Alprazolam, Buspirone, Gemfibrozil, Levothyroxine, etiapine, Stool Softener, Meloxicam, One Daily Wo en's 50+, Tramadol, and Trazodone. The facility doc ented on the MAR the reason the edications were held: "Resident was eated in wheelchair and did not acknowledge or participate in edication administration despite attempts and c es; edication withheld." There were no progress notes for Resident #16 on 11/29/25 or 11/30/24. There was no doc entation that the facility notif ed the WD, the POA, or the PCP the edications were held. During a telephone interv ew on 12/16/25 at 9:27	A 025		

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A 025	Contin ed From page 9 a.m., MT Staff G, she said when she worked on the weekend of 11/29/25 and 11/3025, Resident #16 was not responding or taking edications. She said she contacted either the MCC or the HWD beca e it was a change in condition that needed to be reported so the resident could get help. She said MT are allowed to call 911 but the MCC or HWD have to give the okay. She said the resident was not taking anything and didn't want to get out of bed. She said neither the MCC nor the HWD responded when she contacted them. 7. During an interv ew on 12/15/25 at 3:14 p.m., Caregiver Staff K said on 12/1/25 she knew there was so ething wrong with Resident #16. She said she checked the resident's p e, and it was weak and "thready" (A thready p e is weak and difficult to feel. It can signal erious es like shock, dehydration or heart failure or hemorrhage - abnormal bleeding). Staff K said she checked Resident #16's pupils for reaction by snapping her fingers at the resident and the pupils did not react. She said she told the MT right away. She said she wished there had been so ething done sooner for Resident #16 and Staff K started to cry. Rev ew of the progress note dated 12/1/25 at 11:58 a.m., by MT, Staff E, "Resident has been ent out to the hospital d e to not responding to staff when calling her na e plus was very weak." Rev ew of the progress note dated 12/1/25 at 12:11 p.m., by the LPN MCC, "Med Tech on duty reported resident to be unresponsive. Resident o erved in a sitting position in her w/c [wheelchair], drooling looking down with eyes open. Resident unresponsive to verbal stimuli or	A 025		

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A 025	Contin ed From page 10 sternal rub. Upper and lower extre es cyanotic, bradypnea [respirations below 12 per minute] and faint p e [often signals a edical e ergency like shock or cardiac arre indicating the heart is not pumping enough blood]. 911 called, daughter and PCP notif ed. Resident transported to [local] Hospital via stretcher." Rev ew of the Hospital Records dated 12/1/25 at 4:21 p.m., revealed the resident was unresponsive with a blood pressure of less than 60 systolic (Systolic is the top number in a blood pressure reading. Normal blood pressure ranges from 90/60 to 120/80). The hospital records revealed Resident #16 suffered evere dehydration, acute renal failure, evere epsis, UTI and hypernatremia (a erious condition with high sodium levels in the blood - above 145 e/L - usually from dehydration or too much salt which left untreated could lead to eizures, coma, or brain damage.) The hospital record doc ented Resident #16 was cr cally ill d e to hypotensive eptic shock requiring IV antibiotics and IV fluids. During an interv ew on 12/16/25 at 1:07 p.m., the Administrator said the HWD would not have to wait to call 911 if Resident #16 needed it. She said the HWD does not read every progress note that is written about the residents. The Administrator said the HWD was out sick on 11/28/25 through 12/1/25. The Administrator said she covered for the HWD when she was out sick. She said the staff did not notify her about Resident #16. Class II `	A 025		

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A 030	Contin ed From page 11	A 030		
A 030 SS=D	59A-36.007(5) FAC; 429.28(1-2) 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 v ew 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 gr evance procedure for receiving and responding to resident complaints and a written procedure to allow residents to reco end changes to facility polic es and procedures. The facility must be able to demonstrate that such procedure is imple ented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full v ew in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; Disability Rights Florida, 1(800)342-0823; the Agency Con er Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida A e Hotline, 1(800)96-ABUSE or 1(800)962-2873. The telephone numbers must be posted in clo e proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written state ent of ho e 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	A 030		

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facility's polic es regarding:
1. Resident responsibil es;
2. Alcohol and tobacco e;
3. Medication storage;
4. Resident elope ent;
5. Reporting resident a e, neglect, and exploitation;
6. Administrative and ho ekeeping schedules and require ents;
7. Infection control, sanitation, and standard preca ons;
8. The require ents for coordinating the delivery of ervices to residents by third party providers;
9. Assistive devices; and
10. Physical restraints.
(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 apart ents if the facility rules or the facility contract includes such a require ent. 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 conven ent 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 unidentif ed telephone calls to residents. For facil es with a licen ed 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 residents reside.

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benef , or privileges guaranteed by law, the Con t on of the State

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of Florida, or the Con t on 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 environ ent, free from a e and neglect.
(b) Be treated with consideration and respect and with d e recogn on of personal dignity, indiv ality, and the need for privacy.
(c) Retain and e his or her own clothes and other personal property in his or her ediate living quarters, so as to maintain indiv ality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringe ent upon the rights of other residents.
(d) Unrestricted private communication, incl ng receiving and ending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any t e between the hours of 9 a.m. and 9 p.m. at a minimum. Upon re , e . the facility shall make provisions to extend visiting hours for caregivers and o of-town g e . and in other similar situations.
(e) Freedom to participate in and benefit from community ervices and activ es and to pur e 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 repre entative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spo e if both are residents of the facility.
(h) Reasonable opportunity for regular exerc e everal t es a week and to be outdoors at regular and fre , ent intervals except when

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A 030	Contin ed From page 14 prevented by incle ent weather. (i) Exerc e civil and religious libert es, incl ng the right to independent personal decisions. No religious bel efs or practices, nor any attendance at religious ervices, shall be impo ed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purpo es of this paragraph, the term "adequate and appropriate health care" eans the manage ent of edications, assistance in making appoint ents for health care ervices, the provision of or arrange ent of transportation to health care appoint ents, and the performance of health care ervices 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 edical reasons, the resident is certif ed by a physician to require an e ergency relocation to a facility prov ng 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 ca e of a resident who has been adjudicated entally incapacitated, the guardian shall be given at least 45 days' notice of a none ergency relocation or residency termination. Reasons for relocation must be et forth in wr ng and provided to the resident or the resident's legal repre entative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an indiv al without notice as provided herein, the facility shall show good ca e in a court of competent jur ction.	A 030		

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A 030	Contin ed From page 15 (l) Pre ent gr evances and reco end changes in polic es, procedures, and ervices to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a gr evance procedure to facilitate the residents' exerc e of this right. This right includes access to ombudsman volunteers and advocates and the right to be a ember 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, obligations, and prohibitions et 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 A e Hotline operated by the Depart ent of Children and Fa es, and, if applicable, Disability 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 na es and ident es 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 pre enting gr evances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder A e Hotline operated by the Depart ent of Children and Fa es, and Disability Rights Florida.	A 030		

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A 030	Contin ed From page 16 429.27 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 incompetent or incapacitated under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her pre ence therein shall not confer on the facility or owner, administrator, employees, or repre entatives any authority to manage, e, or dispo e of any property of the resident; nor shall such admission or pre ence 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 manage ent of the facility or for the safety of the resident. This Statute or Rule is not et as evidenced by: Ba ed on record rev ew, and interv ew, the facility failed to ensure that resident rights were honored by prov ng a safe and decent living environ ent, free from a e, for 2 (Residents #15 and #18) of 3 residents rev ewed. This p a vulnerable population at risk of significant impair ent to their physical, ental, or emotional health. The findings included: Rev ew of the facility's GP03 - A e, Neglect, and Exploitation, Policy date: 7/31/25. . . Policy: Resident a e, neglect, and exploitation are prohibited. Should any resident exper ence a e (by staff, residents, family, or others) or	A 030		

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A 030	Contin ed From page 17 when a e is suspected, staff and volunteers are required to ediately provide notification to persons/agenc es as described in this policy. Staff will not be terminated nor reprimanded for reporting suspected or actual ca es of resident a e. The term a e as ed in this policy also includes, but is not limited to, neglect, abandon ent, exploitation, and any other form of a e. 1. Record rev ew for Resident #18 showed a progress note dated 4/10/25 at 12:18 p.m. doc enting, "This resident and another resident had aphysical [sic] altercation. This resident was hit in left side of face by another resident. Area slightly reddened no swelling or edema noted, no open areas noted. Will contin e to monitor." A progress noted dated 4/10/25 at 12:36 p.m. doc ented, "ARNP and son e ergency contacted regarding previous altercation." between Resident #18 and Resident #19. The report indicated that Resident #18 was hit to left side of head with a clo ed fist by Resident #19. Record rev ew of Resident #18's Form 1823 dated 11/15/24 doc ented a edical history and diagno es of Alzhe er's, etabolic encephalopathy, history of non-Hodgkin's lymphoma, generalized weakness, an ety, depression. Her physical or ensory limitations indicated that she had Alzhe er's and her cogn ve or behavioral status indicated that she had de entia. Her Activ es of Daily Living (ADLs) indicated that she was independent with ambulation; and needed supervision with bathing, dressing, eating, elf-care, toileting, and transferring. Record rev ew for Resident #19 showed a progress note dated 4/10/25 at 12:17 p..m.	A 030		

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A 030	Contin ed From page 18 doc enting, "This resident beca e agitated with another resident and struck her in head with clo ed fist. Residents were eparated. No injur es to this resident will contin e to monitor." Record rev ew of Resident #19's Form 1823 dated 11/15/24 doc ented a edical history and diagno es of Chronic Obstructive Pulmonary D ea e, De entia, and Parkinson's. The Health A e ent form 1823 doc ented Resident #19 was independent in all ADLs except for eating. During an interv ew on 12/16/25 at 12:55 p.m., the ED acknowledged the prior a e incident involving Resident #18 and #19. 2. Record rev ew of the facility records showed that an alleged cl ent a e of Resident #15 occurred on 7/7/25 and indicated that a family ember reported to staff that she had ca era footage from a nanny cam in resident's room of a Caregiver (Staff AA) being rough during care. Resident was a e ed for injur es and noted to have no c/o pain and normal ROM (range of motion) of all extre es. Primary Care Provider was notif ed. Staff ember was placed on suspension pending inve gation. ED (Exec ve Director) reporting incident to DCF (Depart ent of Children and Fa es). Record rev ew of Resident #15's Health A e ent Form 1823 showed a edical history and diagno es of de entia, HLD (hyperlipidemia), and HTN (hypertension). Her cogn ve and behavioral status indicated that she had de entia, and she was a fall risk. Her activ es of daily living (ADL's) showed that she was independent with ambulation, eating, and transferring; and needed supervision with	A 030		

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A 030	Contin ed From page 19 bathing, dressing, elf-care, and toileting. Record rev ew of facility incident report concluded that the Caregiver Staff AA was noted to not follow basic care steps with a resident that had De entia. She did not get assistance but instead forced care on so eone that was refusing/resistant. During an interv ew on 12/16/25 at 12:49 p.m., the Exec ve Director (ED) stated that the Caregiver Staff AA went into the room to get her up and ready for breakfast. She sa "What I saw [on video] was her go in there and the resident was sitting in her chair. It looked like the resident was resistant and she was assisting in trying to get her up and there was a little back and forth and they went off ca era and it looked as though they had disappeared. They then reappeared on ca era again and then they were walking calmly. They later were een walking out towards the door, and I saw the caregiver putting her hand on the resident's back, but it didn't appear forcefully to e. I didn't know there was an e until later that evening and we et up an inve gation and zoom call with the family so that she could show us the video." The ED said the family ember had co e in and confronted the care staff about the video, and the conc erge was told about it and that is who I received the phone call from. Our nur e looked at Resident #15 to make sure there was no injury, and she did not need to be ent out. She could verbalize, but not always appropriately. If there were complaints of pain, it would probably have to be so ething we would have to o erve. Class III	A 030		

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A 052 SS=D	429.256(3-5); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with elf-administration of edication includes: (a) Taking the edication, in previously dispen ed, properly labeled container, from where it is stored, and bringing it to the resident. For purpo es of this paragraph, an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer are considered edications in previously dispen ed, properly labeled containers. (b) In the pre ence of the resident, confirming that the edication is intended for that resident, orally advising the resident of the edication na e and dosage, opening the container, removing a prescribed amount of edication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally adv ed of the edication na e and dosage. The waiver must identify all of the edications intended for the resident, incl ng na es and dosages of such edications, and must ediately be updated each t e the resident's edications or dosages change. (c) Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth. (d) Applying topical edications. (e) Returning the edication container to proper storage. (f) Keeping a record of when a resident receives assistance with elf-administration under this ection. (g) Assisting with the e of a nebulizer, incl ng removing the cap of a nebulizer, opening the unit do e of nebulizer sol on, and pouring the	A 052		

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A 052	Contin ed From page 21 prescribed pre easured do e of edication into the dispensing cup of the nebulizer. (4) Assistance with elf-administration of edication does not include: (a) Mixing, compounding, converting, or calculating edication do es, except for easuring a prescribed amount of liquid edication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of edications by any injectable route. (c) Administration of edications by way of a tube in erted in a cavity of the body. (d) Administration of parenteral preparations. (e) The e of irrigations or debr ng agents ed in the treat ent of a skin condition. (f) Assisting with rectal, urethral, or vaginal preparations. (g) Assisting with edications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific para eters that preclude independent judg ent on the part of the unlicen ed person, and the resident re , e ng the edication is aware of his or her need for the edication and understands the purpo e for taking the edication. (h) Medications for which the t e of administration, the amount, the strength of dosage, the ethod of administration, or the reason for administration requires judg ent or discretion on the part of the unlicen ed person. (5) Assistance with the elf-administration of edication by an unlicen ed person as described in this ection shall not be considered administration as defined in s. 465.003. 59A-36.008	A 052		

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A 052	Contin ed From page 22 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicen ed person prov ng assistance with elf-administration of edication must be 18 years of age or older, trained to assist with elf administered edication pursuant to the training require ents of Rule 59A-36.011, F.A.C., and must be available to assist residents with elf-administered edications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with elf-administration of edication includes, orally advising the resident of the na e and dosage of the edication and verbally prompting a resident to take edications as prescribed. (c) In order to facilitate assistance with elf-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return un ed do es to the edication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must o erve the resident take the edication. Any concerns about the resident's reaction to the edication or suspected noncompliance must be reported to the resident's health care provider and doc ented in the resident's record. (e) When a resident who receives assistance with edication is away from the facility and from facility staff, the following options are available to enable the resident to take edication as prescribed: 1. The health care provider may prescribe a edication schedule that coincides with the resident's pre ence in the facility, 2. The edication container may be given to the	A 052		

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A 052	Contin ed From page 23 resident, a fr end, or family ember upon leaving the facility, with this fact noted in the resident's edication record, 3. The edication may be transferred to a pill organizer pursuant to the require ents of ection (2), and given to the resident, a fr end, or family ember upon leaving the facility, with this fact noted in the resident's edication record, or 4. Medications may be eparately prescribed and dispen ed in an ea er to e form, such as unit do e packaging. (f) Assistance with elf-administration of edication does not include the activ es detailed in Section 429.256(4), F.S. (g) As ed in Section 429.256(4)(h), F.S., the terms "judg ent" and "discretion" ean interpreting vital signs and evaluating or a essing a resident's condition. (h) All trained staff must adhere to the facility's infection control policy and procedures when assisting with the elf-administration of edication. This Statute or Rule is not et as evidenced by: Ba ed on o ervation, interv ew, and record rev ew, the facility failed to perform hand hyg ene between 3 (Residents #10, #11, and #12) of 3 residents rev ewed during assistance with edication elf-administration. The findings included: Rev ew of the facility policy IC03 - Hand Hyg ene, Policy date: 7/31/25 Policy: Hand Hyg ene is a cr cal step in infection control. . . Procedure: . . . 5. Care staff must always wash their hands when assisting residents incl ng . . . e..Before and after assisting with edications. . "	A 052		

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 _____	12/16/2025

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

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A 052	Contin ed From page 24 O ervation on 12/16/25 at 8:34 a.m., found Medication Technician (MT) Staff F assist with edications for Resident #10. There was no hand sanitizer on the edication cart. The resident was in the wheelchair at the edication cart. Staff F assisted with the edication but did not perform hand hyg ene with soap and water at the sink or hand sanitizer before beginning the assistance. When she was done assisting Resident #10, she held the resident's cup of water by the rim where the resident would have to drink the water from, and Staff F empt ed the water in the sink and put the cup in the trash. Staff F did not e hand sanitizer or wash her hands after the edication assistance. O ervation on 12/16/25 at 8:37 a.m., found MT Staff F removed eds from the edication cart for Resident #11. MT Staff F did not lize hand sanitizer or wash her hands with soap and water. Staff F handled the cell phone everal t es then proceeded to start the edication assistance. Staff F said she would assist in the resident's apart ent. Staff F carr ed the edication packs and the water into the resident's room. She did not wash her hands at the resident's sink. Staff F placed the edications in the pla c cup for the resident to swallow. After the resident had con ed the edication, Staff F walked out of the resident's room. Staff F did not wash her hands at the sink. There was no hand sanitizer on the edication cart and none in her pocket. She did not hand sanitizer after the edication assistance. O ervation on 12/16/25 at 8:42 a.m., found MT Staff F removed Resident #12's edication packs from the edication cart. Staff F did not wash with soap and water or apply hand sanitizer prior	A 052		

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A 052	Contin ed From page 25 to the edication assistance. She took the edication into the resident's room. She did not wash hands at the sink when she entered or when she exited the apart ent. When she got back to the cart there was no hand sanitizer on the cart for her to e. During an interv ew on 12/16/25 at 8:47 a.m., MT Staff F said her next edication assistance was in a 1/2 hour. She was o erved to return the edication cart to the storage room and walk out of the storage room. There was a sink with soap and water in the storage room. Staff F did not wash her hands at that sink. She did not e the hand sanitizer that was in the edication storage room. She left the storage room and said she would clean up breakfast dishes. During an interv ew on 12/16/25 at 8:51 a.m., MT Staff F said there was no hand sanitizer on the top or side of the edication cart for her to e between edication assistance residents. She said she did not wash her hands at the sink between assisting Residents #10, #11 and #12. She said she was aware she should apply hand sanitizer and wash her hands between each edication assistance, but she did not. During an interv ew on 12/16/25 at 10:29 a.m., the Wellness Director said the facility requires staff to apply hand hyg ene in the form of alcohol-ba ed hand sanitizer or soap and water before and after assisting with edications. She said that it includes applying hand hyg ene between residents. She said every edication cart should have alcohol-ba ed hand sanitizer bottles on top of the cart or on the side. She said she checked all the edication carts yesterday to ensure the hand sanitizer was there, but she did not check the carts this morning.	A 052		

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A 052	Contin ed From page 26 Class III .	A 052		
A 083 SS=E	59A-36.011(5) FAC Training - First Aid and CPR (5) FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff ember who has completed cour es in First Aid and CPR and holds a currently valid card doc enting completion of such cour es must be in the facility at all t es. (a) Doc entation that the staff ember po ess current CPR certification that requires the dent to demonstrate, in person, that he or she is able to perform CPR and which is ed by an instructor or training provider that is approved to provide CPR training by the A erican Red Cross, the A erican Heart Association, the National Safety Council, or an organization who e training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisf es this require ent. (b) A nur e shall be considered as having et the training require ent for First Aid. An e ergency edical technician or para edic currently certif ed under chapter 401, Part III, F.S., shall be considered as having et the training require ents for both First Aid and C.P.R. This Statute or Rule is not et as evidenced by: Ba ed on record rev ew, and interv ew, the facility failed to ensure a staff ember with valid First Aid and Cardiopulmonary Resuscitation (CPR) certification was scheduled in the facility at all t es. Failure to do so creates an environ ent of increa ed risk to resident safety. The findings included:	A 083		

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A 083	Contin ed From page 27 On 12/15/25, during record rev ew, it was revealed: Medication Technician (MT) Staff A had a hire date of 9/4/25. No valid First Aid or CPR was pre ent for this staff. MT Staff E had a hire date of 3/27/24. No valid First Aid or CPR was pre ent for this staff. MT Staff F had a hire date of 11/6/25. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff H had a hire date of 11/4/25. No valid First Aid or CPR was pre ent for this staff. MT Staff I had a hire date of 11/20/25. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff J had a hire date of 7/14/25. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff K had a hire date of 11/6/25. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff L had a hire date of 8/4/25. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff M had a hire date of 7/14/25. No valid First Aid or CPR was pre ent for this staff. MT Staff N had a hire date of 3/27/25. No valid First Aid or CPR was pre ent for this staff. MT Staff O had a hire date of 11/25/25. No valid First Aid or CPR was pre ent for this staff. MT Staff P had a hire date of 10/16/25. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff Q had a hire date of 10/29/25. No valid First Aid or CPR was pre ent for this staff. MT Staff R had a hire date of 7/30/24. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff S had a hire date 11/18/25. No valid First Aid or CPR was pre ent for this staff. MT Staff T had a hire date of 6/1/18. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff U had a hire date of 7/21/25. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff V had a hire date of 5/10/25. No valid First Aid or CPR was pre ent for this staff.	A 083		

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A 083	Contin ed From page 28 Caregiver Staff W had a hire date of 5/27/25. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff X had a hire date of 10/14/25. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff Y had a hire date of 9/2/25. No valid First Aid or CPR was pre ent for this staff. Caregiver Staff Z had a hire date of 7/31/25. No valid First Aid or CPR was pre ent for this staff. Rev ew of the Direct Care Staff Schedule revealed the lack of First Aid and CPR on the following dates and shifts: On 12/7/25, the facility did not have a staff ember with CPR and First Aid certification during the 7:00 a.m. to 3:00 p.m. shift. On 12/7/25, the facility did not have a staff ember with CPR and First Aid certification during the 11:00 p.m. to 7:00 a.m. shift. On 12/8/25, the facility did not have a staff ember with CPR and First Aid certification during the 7:00 a.m. to 3:00 p.m. shift. On 12/8/25, the facility did not have a staff ember with CPR and First Aid certification during the 11:00 p.m. to 7:00 a.m. shift. On 12/9/25, the facility did not have a staff ember with CPR and First Aid certification during the 7:00 a.m. to 3:00 p.m. shift. On 12/9/25,the facility did not have a staff ember with CPR and First Aid certification during the 11:00 p.m. to 7:00 a.m. shift. On 12/10/25, the facility did not have a staff ember with CPR and First Aid certification during the 7:00 a.m. to 3:00 p.m. shift.	A 083		

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A 083	Contin ed From page 29 On 12/10/25, the facility did not have a staff ember with CPR and First Aid certification during the 11:00 p.m. to 7:00 a.m. shift. On 12/11/25, the facility did not have a staff ember with CPR and First Aid certification during the 7:00 a.m. to 3:00 p.m. shift. On 12/11/25, the facility did not have a staff ember with CPR and First Aid certification during the 11:00 p.m. to 7:00 a.m. shift. On 12/12/25, the facility did not have a staff ember with CPR and First Aid certification during the 7:00 a.m. to 3:00 p.m. shift. On 12/12/25, the facility did not have a staff ember with CPR and First Aid certification during the 11:00 p.m. to 7:00 a.m. shift. On 12/13/25,the facility did not have a staff ember with CPR and First Aid certification during the 7:00 a.m. to 3:00 p.m. shift. On 12/13/25,the facility did not have a staff ember with CPR and First Aid certification during the 11:00 p.m. to 7:00 a.m. shift. On 12/16/25 at 12:05 p.m., during an interv ew, the Office Manager said that she had gathered all of the CPR and First Aid trainings for staff and she couldn't find anymore. During an interv ew on 12/16/25 at 2:10 p.m., the Exec ve Director said that she was not sure if staff had suffic ent CPR / First Aid training and said that she knew that it was the regulation that all shifts needed a staff ember with it. Class III	A 083		

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A 083	Contin ed From page 30	A 083		
A 161 SS=E	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff ember which contain, at a minimum, doc entation of background screening, if applicable, doc entation of compliance with all training require ents of this part or applicable rule, and a copy of all licen es or certification held by each staff who performs ervices for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff ember must contain, at a minimum, a copy of the employ ent application, with references furnished, and doc entation verifying freedom from signs or symptoms of communicable d ea e. In addition, records must contain the following, as applicable: 1. Doc entation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Cop es of all licen es or certifications for all staff prov ng ervices that require licensing or certification, 3. Doc entation of compliance with level 2 background screening for all staff subject to screening require ents as specif ed in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facil es with a licen ed capacity of 17 or more residents, a copy of the job description given to each staff ember pursuant to Rule	A 161		

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A 161	Contin ed From page 31 59A-36.010, F.A.C., 5. Doc entation verifying direct care staff and administrator participation in resident elope ent drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licen ed staffing agency or staff employed by an entity contracting to provide direct or indirect ervices to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff t e sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not et as evidenced by: Ba ed on record rev ew, and interv ew, the facility failed to provide personnel records containing, at a minimum, a copy of the employ ent application with references furnished for 3 (Staff A, Staff B, Staff C) out of 4 records rev ewed. The findings included: On 12/16/25, record rev ew of employee files revealed that Medication Technician Staff A had a hire date of 9/4/25. Medication Technician Staff A's employee file contained no doc entation of a job description. On 12/16/25, record rev ew of employee files revealed that Caregiver Staff B had a hire date of 11/12/25. Caregiver Staff B's employee file contained no doc entation of a job description. On 12/16/25, record rev ew of employee files	A 161		

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A 161	Contin ed From page 32 revealed that Medication Technician Staff C had a hire date of 8/28/25. Medication Technician Staff C's employee file contained no doc entation of a job description. On 12/16/25 at 12:05 p.m., during an interv ew, the Office Manager said that she was unaware that you needed a signed job description in the staff files beca e tho e were normally done on more of a corporate level. On 12/16/25 at 2:10 p.m., during an interv ew, the Exec ve Director said that it was the business office person's responsibility to make sure the job descriptions were in the files and she would also follow up. She acknowledged that the files did not contain a signed job description. Class III	A 161		

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ZZ814 SS=D	435.12(2)(b-d), FS Background Screening Clearinghou e 435.12 Care Provider Background Screening Clearinghou e.- (2)(b) Until such t e as the fingerprints are enrolled in the national retained print arrest notification program at the Federal Bureau of Inve gation: 1. A person with a break in ervice of more than 90 days from a position that requires screening by a specif ed agency must submit to a national screening if the person returns to a position that requires screening by a specif ed agency. 2. Effective January 1, 2026, or a later date as determined by the Agency for Health Care Administration, for the participation of qualif ed ent es in the clearinghou e under s. 435.12, a person with a break in ervice of more than 90 days from a position for which screening is conducted by a qualif ed entity participating in the clearinghou e must submit to a national screening if the person returns to a position for which screening is conducted by a qualif ed entity. (c) An employer of persons subject to screening or a qualif ed entity participating in the clearinghou e must register with the clearinghou e and maintain the employ ent or affiliation status of all persons included in the clearinghou e. 1. Before January 1, 2024, in al status and any changes in status must be reported within 10 business days after a person receives his or her in al status or after a change in the person ' s status has been made. 2. Effective January 1, 2024, in al status and any changes in status must be reported within 5 business days after a person receives his or her in al status or after a change in the person ' s status has been made.	ZZ814		

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ZZ814	Continued From page 1 (d) An employer or a qualif ed entity participating in the clearinghou e must register with and in ate all criminal history checks through the clearinghou e before referring an employee or potential employee or a person with a current or potential affiliation with a qualif ed entity for electronic fingerprint submission to the Depart ent of Law Enforce ent. The registration must include the person ' s full first na e, middle in al, and last na e; social ecurity number; date of birth; mailing address; e , and race. Individuals, persons, applicants, and controlling intere that cannot legally obtain a social ecurity number must provide an individual taxpayer identification number. This Statute or Rule is not et as evidenced by: Ba ed on record rev ew, and staff interv ew, the facility failed to ensure 1 (Staff AA) of 5 staff records rev ewed, had the Level 2 background screening employ ent status updated within 5 business days on the Agency's Background Screening Clearinghou e (Clearinghou e) website. The findings included: Record rev ew of the facility's Clearinghou e Roster showed that Staff AA's end date was 7/11/25 and was not updated until 7/29/25. During an interv ew on 12/16/25 at 12:49 p.m., the Executive Director said she does the fingerprint re-submissions in ally, and if they need to end them for fingerprinting, then she gives it to the Office Manager, but she is the one that is in the Clearinghou e and doing that. She acknowledged the late update to the	ZZ814		

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ZZ814	Continued From page 2 Clearinghou e Roster for Staff AA. **photographic evidence obtained** Unclassif ed .	ZZ814		
ZZ875 SS=E	430.5025(4 & 7-9) Alzhe er d ea e/de entia; Training (4) Employees of covered providers must complete the following training for Alzhe er's d ea e and related forms of de entia: (a) Upon beginning employ ent, each employee must receive basic written information about interacting with persons who have Alzhe er's d ea e or related forms of de entia. (b) Within 30 days after beginning employ ent, each employee who provides personal care to or has regular contact with participants, pat ents, or residents must complete a 1-hour training program provided by the depart ent. 1. The depart ent shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of de entia, how to identify the signs and symptoms of de entia, and skills for communicating and interacting with persons with Alzhe er ' s d ea e or related forms of de entia. A record of the completion of the training program must be made available to the covered provider which identif es the training curricula, the na e of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the	ZZ875		

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	AL11969264	A. BUILDING: _____ B. WING _____	12/16/2025

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PARKSIDE ASSISTED LIVING AND MEMORY C	2595 HARBOR BLVD PORT CHARLOTTE, FL 33952

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employer's written polic es.
3. An employee who has completed the training required in this sub ection is not required to repeat the program upon changing employ ent to a different covered provider.
(c) Within 7 months after beginning employ ent for a ho e health agency, nur e registry, or companion or ho emaker ervice provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior manage ent, promoting the person ' s independence in activ es of daily living, and skills in working with fa es and caregivers.
(d) Within 7 months after beginning employ ent for a nursing ho e, an assisted living facility, an adult family-care ho e, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior manage ent, promoting the person's independence in activ es of daily living, skills in working with fa es and caregivers, group and individual activ es, maintaining an appropriate environ ent, and ethical issues.
(e) For an assisted living facility, adult family-care ho e, or adult day care center that advert es and provides, or is designated to provide, specialized care for persons with Alzhe er's d ea e or related forms of de entia, in addition to the training specif ed in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employ ent, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).

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2. Within 6 months after beginning employ ent, each employee who provides personal care must complete an additional 4 hours of de entia-specific training. Such training must include, but is not limited to, understanding Alzhe er's d ea e and related forms of de entia, the stages of Alzhe er's d ea e, communication strateg es, edical information, and stress manage ent.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning technology. For this subparagraph, the term "on-the-job training" eans a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or hands-on exper ence to help develop and refine the employee's skills for caring for a person with Alzhe er's d ea e or a related form of de entia. The continuing education must cover at least one of the topics included in the de entia-specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and docu ented in a minimum of one quarter-hour incre ents through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning technology cho en by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year.
(f)1. An employee provided, assigned, or referred by a health care ervices pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee

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ZZ875	Continued From page 5 will be working. The docu entation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care ervices pool must verify and maintain docu entation as required under s. 400.980(5) before prov ng, assigning, or referring an employee to a covered provider. (7) For a certif ed nursing assistant as defined in s. 464.201, training hours completed as required under this ection may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care pract oner as defined in s. 456.001, training hours completed as required under this ection may count toward the total hours of continuing education required by that pract oner's licensing board. (9) Each person employed, contracted, or referred to provide ervices before July 1, 2023, must complete the training required in this ection before July 1, 2026. Proof of completion of equivalent training completed before July 1, 2023, shall sub tute for the training required in sub ection (4). Each person employed, contracted, or referred to provide ervices on or after July 1, 2023, may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the depart ent under sub ection (6). This Statute or Rule is not et as evidenced by: Ba ed on record rev ew, and interv ew, the facility failed to satisfy 430.5205 F.A.C. "Alzhe er's D ea e and Related Forms of De entia Education and Training Act" ensuring all staff completed the one hour training video from the Depart ent of Elder Affairs (DOEA) for 3 (Staff A, Staff B) out of 4 records rev ewed.	ZZ875		

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ZZ875	Continued From page 6 The findings included: On 12/16/25, record rev ew of employee files revealed that Medication Technician Staff A had a hire date of 9/4/25. Medication Technician Staff A's employee file contained no docu entation of having completed the required 1-hour DOEA training video. On 12/16/25, record rev ew of employee files revealed that Caregiver Staff B had a hire date of 11/12/25. Medication Technician Staff A's employee file contained no docu entation of having completed the required 1-hour DOEA training video. On 12/16/25, record rev ew of employee files revealed that Medication Technician Staff C had a hire date of 8/28/25. Medication Technician Staff A's employee file contained no docu entation of having completed the required 1-hour DOEA training video. On 12/16/25 at 12:05 p.m., during an interv ew, the Office Manager said that she was unaware that there was 30 days to begin to complete the DOEA training and no one had ever told her that was the regulation. She said she would talk to the Executive Director. On 12/16/25 at 2:10 p.m., during an interv ew, the Executive Director said that she acknowledged that the DOEA trainings had not been done in a t ely manner and was incredulous that she was the only ember that had completed them. She said that she will follow up with the Office Manager to make sure they are completed promptly going forward.	ZZ875		

Agency for Health Care Administration

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ZZ875	Continued From page 7 Class III .	ZZ875		