

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/23/2026
NAME OF PROVIDER OR SUPPLIER PARKSIDE ASSISTED LIVING AND MEMORY C			STREET ADDRESS, CITY, STATE, ZIP CODE 2595 HARBOR BLVD PORT CHARLOTTE, FL 33952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit survey to the relicensure, emergency power plan monitoring, health facility reporting system and complaint investigation was conducted at Parkside Assisted Living and Memory Cottage on . This survey was completed in conjunction with a complaint investigation. Deficiencies were identified at the time of the survey. .	{A 000}			
{A 083} SS=E	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.	{A 083}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 083}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a staff member with valid First Aid and certification be in the facility at all times. Failure to do so creates an environment of increased risk to resident safety. The findings included: On _____, during record review, it was revealed Medication Technician (MT) Staff R had a hire date of _____. Caregiver Staff S had a hire date of _____. Caregiver Staff J had a hire date of _____. Caregiver Staff V had a hire date of _____. Caregiver Staff X had a hire date of _____. MT Staff T had a hire date of _____. Caregiver Staff B had a hire date of _____. Caregiver Staff BB had a hire date of _____. Caregiver Staff CC had a hire date of _____. Caregiver Staff DD had a hire date of _____. MT Staff I had a hire date of _____. Caregiver Staff Y had a hire date of _____. Caregiver Staff EE had a hire date of _____. Caregiver Staff W had a hire date of _____. On _____, during review of the Direct Care Staff schedule, it was revealed that on _____, Medication Technician (MT) Staff R, Caregiver Staff V, Caregiver Staff J, and Caregiver Staff BB were scheduled from 11:00 p.m. to 7:00 a.m. Further record review showed that MT Staff R, Caregiver Staff V, Caregiver Staff J, and Caregiver Staff BB had no valid _____ and First Aid Certification documented. The facility did not have a staff member with _____ and First Aid certification during this time. On _____, during review of the Direct Care Staff schedule, it was revealed that on _____,	{A 083}			

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{A 083}	Continued From page 2 Medication Technician (MT) Staff R, Caregiver Staff S, Caregiver Staff CC, and Caregiver Staff BB were scheduled from 11:00 p.m. to 7:00 a.m. Further record review showed that MT Staff R, Caregiver Staff S, Caregiver Staff CC, and Caregiver Staff BB had no valid and First Aid Certification documented. The facility did not have a staff member with and First Aid certification during this time. On , during review of the Direct Care Staff schedule, it was revealed that on Medication Technician (MT) Staff R, Caregiver Staff V, Caregiver Staff J, and Caregiver Staff BB were scheduled from 11:00 p.m. to 7:00 a.m. Further record review showed that MT Staff R, Caregiver Staff S, Caregiver Staff J, and Caregiver Staff BB had no valid and First Aid Certification documented. The facility did not have a staff member with and First Aid certification during this time. On , during review of the Direct Care Staff schedule, it was revealed that on Medication Technician (MT) Staff R, Caregiver Staff V, Caregiver Staff S, and Caregiver Staff X were scheduled from 11:00 p.m. to 7:00 a.m. Further record review showed that MT Staff R, Caregiver Staff V, Caregiver Staff S, and Caregiver Staff X had no valid and First Aid Certification documented. The facility did not have a staff member with and First Aid certification during this time. On , during review of the Direct Care Staff schedule, it was revealed that on Medication Technician (MT) Staff T, Caregiver	{A 083}		

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{A 083}	Continued From page 3 Staff V, Caregiver Staff B, and Caregiver Staff BB were scheduled from 11:00 p.m. to 7:00 a.m. Further record review showed that MT Staff R, Caregiver Staff V, Caregiver Staff B, and Caregiver Staff BB had no valid and First Aid Certification documented. The facility did not have a staff member with and First Aid certification during this time. On , during review of the Direct Care Staff schedule, it was revealed that on Medication Technician (MT) Staff T, Caregiver Staff S, Caregiver Staff CC, and Caregiver Staff BB were scheduled from 11:00 p.m. to 7:00 a.m. Further record review showed that MT Staff T, Caregiver Staff S, Caregiver Staff CC, and Caregiver Staff BB had no valid and First Aid Certification documented. The facility did not have a staff member with and First Aid certification during this time. On , during review of the Direct Care Staff schedule, it was revealed that on Medication Technician (MT) Staff R, Caregiver Staff S, Caregiver Staff CC, and Caregiver Staff BB were scheduled from 11:00 p.m. to 7:00 a.m. Further record review showed that MT Staff R, Caregiver Staff S, Caregiver Staff CC, and Caregiver Staff BB had no valid and First Aid Certification documented. The facility did not have a staff member with and First Aid certification during this time. On , during review of the Direct Care Staff schedule, it was revealed that on Medication Technician (MT) Staff R, Caregiver Staff S, MT Staff DD, and Caregiver Staff BB	{A 083}			

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{A 083}	Continued From page 4 were scheduled from 11:00 p.m. to 7:00 a.m. Further record review showed that MT Staff R, Caregiver Staff S, Caregiver Staff DD, and Caregiver Staff BB had no valid and First Aid Certification documented. The facility did not have a staff member with and First Aid certification during this time. On , during review of the Direct Care Staff schedule, it was revealed that on , Medication Technician (MT) Staff DD, Caregiver Staff S, Caregiver Staff J, and Caregiver Staff CC were scheduled from 11:00 p.m. to 7:00 a.m. Further record review showed that MT Staff DD, Caregiver Staff S, Caregiver Staff J, and Caregiver Staff CC had no valid and First Aid Certification documented. The facility did not have a staff member with and First Aid certification during this time. On , during review of the Direct Care Staff schedule, it was revealed that on , Medication Technician (MT) Staff I, Caregiver Staff Y, MT Staff N, MT Staff EE, and Caregiver Staff W were scheduled from 7:00 a.m. to 3:00 p.m. Further record review showed that MT Staff I, Caregiver Staff Y, MT Staff N, and MT Staff EE, and Caregiver Staff W had no valid and First Aid Certification documented. The facility did not have a staff member with and First Aid certification during this time. On , during review of the Direct Care Staff schedule, it was revealed that on , Medication Technician (MT) Staff T, Caregiver Staff V, MT Staff DD, and Caregiver Staff BB were scheduled from 11:00 p.m. to 7:00 a.m.	{A 083}			

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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 083}	Continued From page 5 Further record review showed that MT Staff T, Caregiver Staff V, MT Staff DD, and Caregiver Staff BB had no valid and First Aid Certification documented. The facility did not have a staff member with and First Aid certification during this time. On at 4:45 p.m., during an interview, the Administrator said that he was not sure about the First Aid and training status of the employees. The Administrator acknowledged that not everyone was trained in and First Aid based on the documentation that the Business Office Manager provided. Class III	{A 083}		