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 _____	08/22/2012

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 A Complaint Inspection #2012007415 survey was conducted on 08/22/ Inn, had deficiencies found at the time of the visit. Note: The Complaint Inspections #2012007415 was conducted in conjunction with the biennial licensure survey. Please refer to the separate report.	A 000		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a stage 2 may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health	A 010		

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A 010	Continued From page 1	A 010		

agency or a nurse to provide care;
2. The condition is documented in the resident ' s record; and
3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

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A 010	Continued From page 2	A 010		

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to follow the guidelines for continued residency for 2 out of 12 sampled residents, specifically: 1). failure to ensure Resident #1 was appropriate for continued residency and 2). failure to ensure a face-to-face examination was completed and a health assessment was updated upon significant change for Resident #

The findings include:

1). Record review revealed Resident #1 was admitted to the facility on . . . . . Review of his most recent health assessment signed and dated . . . . . revealed the resident diagnosis includes . . . . . and . . . . . The health assessment also documented the resident requires "supervision" with ambulation and "assistance" with bathing, dressing, eating, ... toileting and transferring. Review of the facility's internal incident reports revealed the resident has had 23 . . . . and/or was found on the floor (copies of incident reports obtained) since . . . . . including "rolling off the couch located in the hallway and "losing his balance" on several occasions, resulting in injuries to himself. The resident's most recent . . I was . . . Review of the incident reports revealed there were no reasonable and/or effective steps taken on behalf of the facility to prevent reoccurrence of . . . . in regards to Resident #1 ' s . . . . status. The Administrator failed to monitor appropriateness for continued residency for Resident #1. Review of various incident reports

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A 010	Continued From page 3 revealed facility staff documented "Made residents and staff aware of all safety precautions " and "Explained safety precautions to staff and residents". However, the facility documented throughout the resident ' s record that the resident is _____ with poor judgment. Further investigation revealed the hospice services were initiated for the resident on _____. Review of one of the most recent Hospice "Client Coordination Note Report" dated _____ revealed documentation stating "ALF staff is educated about importance of close monitoring due to the patients high risk for _____ plus patient may benefit of private caregiver at this time they agreed and verbalized understanding". However, during an interview with the Administrator on _____ at approximately 2:00 PM, she confirmed that the suggestion of the "hospice team" of a "private caregiver" for 1-on-1 supervision to prevent _____ had not been implemented as of the day of the complaint inspection. During a further interview the Administrator confirmed the findings. 2). Review of Resident #4's health assessment signed and dated by his physician on _____ documented the resident's diagnosis as "none" and lists his _____ status as _____, disoriented, _____. There was no documentation of a current _____ on the health assessment. However, review of nursing notes dated _____ revealed documentation of a bed _____ on his left _____. Further record review revealed the resident was seen by his physician on _____. The physician notes documented the resident had a _____ noted on the left _____ area and an open area on his right foot located on the left side, with _____ care ordered. During an interview with the Administrator on _____, she confirmed that the health assessment did not reflect Resident	A 010		

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A 010	Continued From page 4 #4's current condition, as required for significant changes. Class III	A 010		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. 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 case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 5	A 025		

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to provide care and services including 1). nail care for 6 out of 12 sampled residents (Resident #1, #3, #9, 10, #11 and #12) and 2). adequate supervison for 1 out of 12 sampled residents (Resident #1) to prevent reoccuring

The findings include:

1). Upon tour of the facility, conducted on [redacted] at approximately 9:30 AM accompanied by the Administrator, it was noted that the fingernails of Resident #1, #3, #9, #10, #11 and #12 were all dirty, incrusted with foreign matter and/or jagged. Upon interview during the tour, the Administrator confirmed that the aforementioned residents are unable to care for their own nails.

2). Record review revealed Resident #1 was admitted to the facility on [redacted] Review of his most recent health assessment signed and dated [redacted] revealed the resident diagnosis includes [redacted] and [redacted] The health assessment also documented the resident requires "supervision" with ambulation and "assistance" with bathing, dressing, eating, [redacted], toileting and transferring. Review of the facility's internal incident reports revealed the resident has had 23 [redacted] and/or was found on the floor (copies of incident reports obtained) since [redacted], including "rolling off the couch located in the hallway and "losing his balance" on several occasions, resulting in injuries to himself. The resident's most recent [redacted] was [redacted] Review of the incident reports revealed there were no reasonable and/or effective steps taken

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A 025	Continued From page 6 on behalf of the facility to prevent reoccurrence of . . . in regards to Resident #1 ' s status. The Administrator failed to monitor appropriateness for continued residency for Resident #1. Review of various incident reports revealed facility staff documented "Made residents and staff aware of all safety precautions " and "Explained safety precautions to staff and residents". However, the facility documented throughout the resident ' s record that the resident is with poor judgment. Further investigation revealed the hospice services were initiated for the resident on . . Review of one of the most recent Hospice "Client Coordination Note Report" dated revealed documentation stating "ALF staff is educated about importance of close monitoring due to the patients high risk for . . plus patient may benefit of private caregiver at this time they agreed and verbalized understanding". However, during an interview with the Administrator on . . at approximately 2:00 PM, she confirmed that the suggestion of the "hospice team" of a "private caregiver" for 1-on-1 supervision to prevent . . had not been implemented as of the day of the complaint inspection. During a further interview the Administrator confirmed the findings. Class III	A 025		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) 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 Council shall be posted in full view in a freely accessible resident area, and included in the	A 030		

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A 030	Continued From page 7	A 030		

admission package provided pursuant to Rule 58A-5.0181, F.A.C.
(b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for 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 address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be

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A 030	Continued From page 8	A 030		

responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall 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 shall not prohibit 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 shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . .

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

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A 030	Continued From page 9	A 030		

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 achieve 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 provided in s. 429.27.
(g) Share a room ..... 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) Access to adequate and appropriate health care 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,

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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 shall be set forth in writing. 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.

This Statute or Rule is not met as evidenced by:
Based upon record review and interview, it was determined that the facility failed to provide a safe and decent living environment.

The findings include:

1). Upon entrance to the facility on at approximately 9:00 AM, a pungent, foul, odor pervasive throughout the atmosphere was noted. Upon tour of the facility, accompanied by

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A 030	Continued From page 11 the Administrator on . at approximately 9:30 AM, she acknowledged that there was a strong odor throughout the facility. She stated that she has a few gentleman who "pee" in the corners of the facility. Further tour of the facility revealed the following observations: a). ceiling damage in the hall way and in several of the resident's , b). two heavily soiled sofas in the hallways, and c). dirty and soiled curtains and chairs in the dining . . . . 2). During observation of the medication pass on . . : at approximately 1:50 AM, the Medication Technician was observed passing medications to four residents. The Medication Technician failed to sanitize and/or clean her hands after each resident contact, in which she would touch the residents. After the last medication was given, the Medication Technician assisted a resident with self administration of medication with resident contact, then returned to the med cart and failed to sanitize or attempt to clean her hands before or after returning the medication cart to the storage . . . . . An interview was conducted with the Director of Resident Care (Licensed Practical Nurse) on 08/2. . . . at approximately 12:45 PM. She stated the proper technique when passing medications is for the Medication Technician to sanitize her hands after each resident contact, and ensure her hands are clean prior to preparing and passing medications for each individual resident. During an interview conducted with the Administrator on . . at approximately 1:05 PM, she stated the Medication Technicians are regularly in-serviced on sanitation techniques and should be following . . . . control protocols when assisting residents with their medications.	A 030		

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A 030	Continued From page 12 Class III	A 030		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist. (d) Any change in directions for use of a	A 056		

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(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 056	Continued From page 13	A 056		

medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;

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 _____	

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 056	Continued From page 14 5. Directions for use; and 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based upon observation and record review, it was determined that the facility failed to obtain physician orders for 1 out of 12 sampled residents assisted with self-administered medications (Resident #8). The findings include: Observation during a medication pass on [redacted] at approximately 11:10 AM revealed Resident # 8 was given several medications. Review of Resident #8's corresponding MOR (Medication Observation Record) revealed the medication list included: [redacted] 20 mg tablet, take 1/2 tablet by mouth 4 times a day. Upon request, at approximately 11:30 AM, the Director of Resident Care could not provide a current physician order. The surveyor was referred to the health assessment form which listed the medication orders as: [redacted] 30 mg; give by mouth 4 times per day. A further interview was conducted with the Director of Resident Care on [redacted] at approximately 11:58 AM. She stated that the resident was admitted with his medication which he obtains from the VA Center and the facility cannot get the actual orders as the medication is prescribed and filled at the VA Center. The Director of Resident Care admitted that the dosage of the medication is questionable and stated that she will contact the prescribing	A 056		

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 _____	08/22/2012

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 056	Continued From page 15 physician to obtain clarification of the medication. Class III	A 056		
A 057 SS=D	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription. (a) A stock supply of OTC products for multiple resident use is not permitted in any facility. (b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A facility cannot require a licensed health care provider ' s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required.	A 057		

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 _____	

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A 057	Continued From page 16 This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure a stock supply of nutraceuticals were not utilized for residents at the facility. The findings include: During an interview with the Director of Nursing on . . at approximately 1:00 PM, it was reported that there are 10 (ten) people who all utilize a stock supply of "thick-it". During the medication review, conducted on . . at approximately 1:30 PM, it was noted that the facility actually had 18 (eighteen) individual cans of "thick it" for the residents. However, further investigation with the Director of Nursing revealed the facility utilizes the "stock" supply of "thick it" for convenience instead of the individual cans, as prescribed by the physician. Class III	A 057		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Parkside Inn
1613 SW 3rd St
Boynton Beach, FL 33435

Re: CCR #2012008883

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2012 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

A.C. Boyles, HFE Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

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2727 Mahan Drive
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