AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Parkside Assisted Living
329 Church Street
Starke, FL 32091

Dear Administrator:

Re: CCR #2012009073

This letter reports the findings of a state licensure survey that was conducted on 2012 by representative(s) of 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 surveyor(s). Should you have any questions please call Anna Lopez at 386-462-6201.

Sincerely,

Kristé J. Mennella, NHFOS
Kristé J. Mennella
Field Office Manager

KJM/al
Enclosure State Form 3020

XG90

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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
	AL11966001	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE ASSISTED LIVING	329 CHURCH STREET STARKE, FL 32091

(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 On an unannounced Assisted Living Facility (ALF) complaint survey for CCR # 2012009073 was conducted. The facility was not be in compliance with Chapter 429, Part I, F.S. and 58A-5, F.A.C.	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license	A 008		

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A 008	Continued From page 1	A 008		

number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, October . The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the

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elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or

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415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to have accurate health assessments (1823) for 2 (residents #1, #3) of 6 sampled residents.

Findings:

Record review of resident #1's record revealed her 1823 dated [redacted] which reveals : Section 2 of the 1823 assessment is missing with no medications listed and section 3 is blank.

Record review revealed resident #3's 1823 assessment (not dated) includes only 1 page including the need for her to have assistance with eating. Record review on the Medical Observation Record (MOR) revealed that resident #3 has 21 medication opportunities during the day with no indications for the medication noted on the residents health assessment.

Interview with the administrator on [redacted] at 3:05 PM revealed she stated she did not know where the rest of resident #3's health assessment was

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A 008	Continued From page 4 located and did not know why resident #1 has medication administration listed as an intervention. The administrator stated "it's so hard to get them (health assessments) from the doctor." Class III	A 008		
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	A 025		

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the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on interview, observation, and record review the facility failed to provide care and services necessary to meet the needs of 6 of 6 sampled residents.

Findings:

1. Interview with the cook (kitchen manager) on at 9:55 AM revealed, when asked about special diets for residents, he asked the administrator, "who's the resident that's on a diabetic ." He stated no other resident than resident #1 had a special diet or diet restrictions stating "she's (resident #1's) a diabetic, t's it,"

Resident #1 was observed eating lunch at 12:15 PM on 8/2 included baked fish, salad, 1/2 bananas 1/3 cup of rice and slice of white bread.

Record review revealed that resident #1 is a diabetic is to receive a mechanical soft, No Added Salt (NAS) and Low Calorie Sweetener (LCS).

The kitchen manager stated on 8/2 12:20 PM that the only special diet he knew about was resident #1 being a diabetic.

Resident #3 was observed choking (coughing repeatedly for over 5 minutes) on a piece of liver 8/2 12:20 PM.
Record review revealed resident #3's health assessment (1823), not dated, includes the need for her to have assistance with eating.

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Interview with resident #3 at 10:40 AM who stated "I call and call and nobody comes." She stated " I have to beg for a shower and they will give me one if they can " . She stated it has been a week since she has had a bath. She stated she feels like the staff are not taking care of her the way they should. She stated "I have to hunt em up to get my medicine."

3. Record review of resident #2's 1823 dated ____ | states she is to have a low fat low ____ | diet.

Interview with the administrator and kitchen manager on ____ : at 2:25 PM revealed they stated they did not know resident #1 was on a soft mechanical diet or that resident #2 is to have a low fat low ____ | diet and the administrator stated "I went over there to help her (resident #3) when she started choking."

4. Interview with resident #5 on ____ : at 1:28 PM revealed she stated residents are not allowed to have knives to cut their food. Resident #5 stated "I have heard people ask for knives and they were told to use their fork; I have to break some of the meat up with my hands, it is so tough." She further stated she calls for help when she needs it and has had to wait for a long time. She stated she waited 45 minutes on Thursday (timed the 45 minutes with her clock) when she called. She further stated it was " the fill in staff who is ____ | and can't get around." She added she gets a shower 2 times a week, but has been forgotten in the past. She stated she went 2 weeks without a shower and the staff make her take her shower in the morning and it is a bad time because of her ____ She also stated "the staff say that if I want a shower I have to take it in the morning. " The resident

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stated she is afraid to ask the staff for assistance because of how mad they get when you do. She stated " we have all learned to wait our turn. "

5. An observation of resident #4 was conducted on . . . : at 12:25 PM, the resident was observed eating her lunch in her . . . . .

Interview with the administrator at on . . . . . : at 3:45 PM revealed she stated they are making resident #4 eat in her , "she has the runs and we don't know if it's . The administrator stated she has no doctor's order for of the resident.

6. Med assistance for resident resident #6 by Caregiver/Med Tech A on . . . . . : at 2:24 PM revealed:
* Staff was gloved and had just left a resident's . "I just gave some [medications]."
* Staff unlocked the door to the medication signed the Medical Observation Record (MOR), and obtained medication for resident #6.
* Staff knocked on the resident #6's door and entered immediately afterward without waiting for a response .
* Staff retrieved a pre-poured glass of water out of the resident's mini refrigerator and handed the water and the medication to the resident while handling the outside of the glass with her gloved hands.
* Staff returned the partially filled glass of water to the mini refrigerator while holding the outside top rim of the glass with her gloved hand.
Interview with the administrator on at 3:45 PM revealed she stated she knows the staff who is doing the yelling at the facility and stated " I took their (staffs) phones away from them cause they were on them all the time. " She added " I can ' t be here 24/7. I know it ' s not happening

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A 025	Continued From page 8 on my shift " and " I plan to have a meeting with the staff to talk about what you have found. " She added " I thought they were getting two showers a week, I didn ' t know some weren ' t. The administrator also stated she does not know where the activities calendar is but they do activities at the facility and she will look for the calendar to post. Observation of the facility residents on ..... from 9:30 AM to 3:00 PM revealed no activities observed other than 4 residents watching television in the common area. Class: III	A 025		
A 030 SS=G	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 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	A 030		

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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)9€ 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 alcohol 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 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

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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 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.

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(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 , his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) 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, 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.

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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 030	Continued From page 12	A 030		

(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 on interview, observation, and record review the facility failed to provide a safe, dignified, and decent living environment for 4 of 6 (#3, #4, #5, and #6) sampled residents.

Findings:

1. Interview with resident #3 at 10:40 AM who stated "I call and call and nobody comes." She stated " I have to beg for a shower and they will give me one if they can " . She stated it has been a week since she has had a bath. She stated she feels like the staff are not taking care of her the way they should. She stated "I have to hunt em up to get my medicine."

2. An observation of resident #4 was conducted on _____ at 12:25 PM, the resident was observed eating her lunch in her _____.

Interview with the administrator at on _____ at 3:45 PM revealed she stated they are making resident #4 eat in her . "she has

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966001	A. BUILDING _____ B. WING _____	

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A 030	Continued From page 13	A 030		

the runs and we don't know if it's
The administrator stated she has no doctor's order for of the resident.

3. Interview with resident #5 on at 1:28 PM revealed she stated residents are not allowed to have knives to cut their food. Resident #5 stated "I have heard people ask for knives and they were told to use their fork; I have to break some of the meat up with my hands, it is so tough." She further stated she calls for help when she needs it and has had to wait for a long time. She stated she waited 45 minutes on Thursday (timed the 45 minutes with her clock) when she called. She further stated it was " the fill in staff who is and can't get around." She added she gets a shower 2 times a week, but has been forgotten in the past. She stated she went 2 weeks without a shower and the staff make her take her shower in the morning and it is a bad time because of her She also stated "the staff say that if I want a shower I have to take it in the morning. " The resident stated she is afraid to ask the staff for assistance because of how mad they get when you do. She stated " we have all learned to wait our turn. "

4. Med assistance for resident resident #6 by Caregiver/Med Tech A on at 2:24 PM revealed: Staff knocked on the resident #6's door and entered immediately afterward without waiting for a response.

Interview with the administrator on at 3:45 PM revealed she stated she knows the staff who is doing the yelling at the facility and stated "I took their (staffs) phones away from them cause they were on them all the time." She added "I can't be here 24/7. I know it's not happening on my shift " and " I plan to have a meeting with the

Agency for Health Care Administration

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	AL11966001	A. BUILDING _____ B. WING _____	

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A 030	Continued From page 14 staff to talk about what you have found." She added "I thought they were getting two showers a week, I didn ' t know some weren't." The administrator also stated she does not know where the activities calendar is but they do activities at the facility and she will look for the calendar to post. Class: II	A 030		