RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

REVISED

, 2013

Administrator
Parkside Assisted Living
329 Church Street
Starke, FL 32091

Dear Administrator:

Be advised that the State Form previously sent to you on . 2013 was revised. This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) of this office.

Enclosed is the provider's **revised** 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 . 2013 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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Alachua, FL 32615-5669
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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 An unannounced Standard biennial survey and Limited Nursing Service licensure survey was conducted at Parkside Place of Bradford County, Inc., on . 2013. The facility was not in compliance with Chapter 429, Part I & 408, Part II, Florida Statutes, and 58A-5, Florida Administrative Code.	A 000		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least . , trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the	A 052		

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A 052	Continued From page 1 resident ' s health care provider and documented in the resident ' s record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility; 2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record; 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging; (e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. (f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition. (4) Assistance with self-administration does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the	A 052		

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A 052	Continued From page 2 administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a [illegible] (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of [illegible] preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) [illegible] or [illegible] preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on staff interview and observation during assistance in medication administration, facility staff failed to observe the resident take the medications in 3 of 6 residents. (res.#2, #5, #6) Findings: 1. Observation during medication administration assistance by the Administrator on [illegible] at 12:22 PM revealed she used a hand sanitizer in the medication [illegible]. She donned on a pair of gloves. She took the pills [illegible] and [illegible] containers to resident # 2 who is sitting in the living [illegible] ommon area. She did not read the name or identify what the pills are for	A 052		

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A 052	Continued From page 3 to the resident. Placed the pills on residents hand and immediately went back to the medication ..... Administrator did not observe the resident swallow the medications. 2. Observation during medication administration assistance by the Administrator on ..... at 12:15 PM revealed she used a hand sanitizer in the medication ..... She dons on a pair of gloves, removed medication bubble pack from box, brought the bubble pack to resident # 6 who is sitting in the living ..... She did not read the name or identify the pill or what the pill is for to the resident. She placed the pill on residents hand, handed a mug of water and immediately went back to the medication ..... Did not observe the resident swallow the pill. 3. Observation during medication administration assistance by the Administrator on ..... at 2:05 PM in the living ..... where resident # 5 is seated. She donned a pair of gloves, brought the pill bottle to the resident. She placed the pill on right hand of the resident. She did not identify or read the name of the pill or what the medication is for. She placed the pill on residents hand, gave water and left resident. She did not observe the resident swallow her medication. Class III	A 052		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s	A 054		

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A 054	Continued From page 4 name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on staff interview and records review the facility did not maintain a proper documentation in the residents medication observation record (MOR) for 5 of 6 residents. (res.#2, #3, #4, #5, #6) Findings: Review of medication observation records (M.O.R.) revealed the medication sheet is missing the name of the residents health care providers telephone number and the direction for use (route) for each and every medications for Residents # 2, # 3, # 4, # 5. # 6. Interview with the administrator on at	A 054		

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A 054	Continued From page 5 4:33 PM revealed she developed the facility's M.O.R. She stated she is responsible for typing and editing the MOR. When asked why all the medications in the M.O.R. do not have direction / route for administration, and the missing providers telephone number; she stated; " I did not know and I am still learning and thank you for letting me know". Class III	A 054		
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [redacted] control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [redacted] borne [redacted] may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training	A 081		

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A 081	Continued From page 6 within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that three of four sampled staff (staff A, B, and G) received all required training. Findings:	A 081		

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A 081	Continued From page 7 Review of employee records on revealed that ADL and behavioral needs training was missing in three of the four sampled staff (employees AB, and G); safe food handling training was missing in two of four sampled staff (employees B and G); and elopement response training in two out of four sampled staff (employees B and G). During an interview with the administrator on at 2:30 PM, she acknowledged that the aforementioned staff did not receive the listed training. Class III	A 081		
A 082 SS=D	58A-5.0191(3) FAC Training - (3) . . . . . Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on . . . . and including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide the required . . . . training to two out of four sampled employees (employees B and	A 082		

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A 082	Continued From page 8 G). Findings: Review of employee records on revealed that employeeemployees B and G did not receive training. During an interview with the administrator on at 2:30 PM, she acknowledged that employees B and G did not receive training. Class III	A 082		
A 090 SS=D	58A-5.0191(11) FAC Training - Do Not Orders (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 090		

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A 090	Continued From page 9 failed to provide the required training for three of four sampled employee records (employees A, B, and G). Findings: Review of employee records for employees A,B and G on revealed that training was missing for each of the staff. During an interview with the administrator on at 2:30 PM, she acknowledged that the aforementioned staff did not receive training. Class III	A 090		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging	A 152		

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A 152	Continued From page 10 clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident [redacted] to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment. Findings: Observation on [redacted] at 11:30 AM in resident #1's [redacted] a [redacted] machine on top of her nightstand covered with dust. The [redacted] mouth piece and tubing were on the floor stuck under the wheels of her wheelchair. A concentrator on the left side of the bed was also covered with dust and nasal canula tubing was found on the floor. A vertical oscillating fan at the foot of the bed was also full of dust lint. During an interview with resident #1 on [redacted] at 11:30 AM, she stated that her tubing had not been changed or replaced as far as she knows. Interview with the administrator on [redacted] at 4:15 PM revealed that facility staff do not maintain the breathing treatment machine, tubing, and	A 152		

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A 152	Continued From page 11 concentrator. She stated that it is the responsibility of Home Care Inc. (HRC, Inc.) personnel to maintain and clean them. A telephone interview with an HRC Inc. customer service manager on at 1:30 PM revealed that the company does provide service to facility, but that changing and maintaining and tubing and equipment is not a covered service. Class III	A 152		
A 161 SS=D	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable including In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and 5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility shall not be required to maintain personnel records for staff provided by a licensed	A 161		

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A 161	Continued From page 12 staffing agency or staff employed by a business entity contracting to provide direct or indirect services 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 58A-5.019, F.A.C. (c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed: to maintain a copy of the original employment application on three out of four sampled employees (employees A,B, and G); verify that all employees are free of s(employee F); and that three out of four sampled employees participate in at least two resident elopement drills per year (employees A, B, and G). Findings: Review of employee records on revealed that facility: did not keep a copy of the original employment application and references on three out of four sampled employees (employees A, B, and G); verify that one out of four sampled employees is free from (employee F); and that three out of four sampled employees participate in at least two resident elopement drills per year (employees A, B, and G). During an interview with the administrator on at 5:15 PM, she stated that she was not	A 161		

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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 161	Continued From page 13 aware that the facility needs to maintain copies of employment applications. She also acknowledged that employee F did not have written verification of [illegible]osis-free status. The administrator further stated that the facility only conducted one resident elopement drill in 2012. Class III	A 161		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or [illegible] of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility	A 167		

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 167	Continued From page 14 agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf. (i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility. (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of	A 167		

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
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A 167	Continued From page 15 medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed . . . . . . This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to include a provision on their resident contracts giving at least 30 days written notice prior to any rate increase for 3 of 4 sampled residents (residents 7, 8 and 9). Findings: Review of residents' records revealed that the facility's resident contracts did not inform the residents that the facility must provide a written notice 30 days prior to a rate increase on for residents 7, 8 and 9. During an interview with the administrator on at 12: 55 PM, she stated that she was not aware that the contracts must contain a clause informing the residents that the facility must provide in writing a notice of any rate increase at least 30 days prior to the new rate. Class III	A 167		