STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910357	08/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Parkside Inn	1613 Sw 3rd St Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility Change of Ownership (CHOW) licensure survey was conducted on . . . . . Parkside Inn, had licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and an interview, the facility failed to ensure a new health assessment (Form 1823) was completed after a resident underwent a significant change, for 1 out of 2 sampled residents (Resident #1).

The findings include:

On . . . . . at 11 AM, Resident #1's record was reviewed and contained a health assessment completed on . . . . . The resident was admitted on . . . . . and began hospice services on . . . . . The Administrator was interviewed at 1 PM on . . . . . and acknowledged that the current assessment on file did not accurately reflect the resident's status and a new assessment should have been completed when the resident declined and began hospice services as this was a significant change.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff A) had documentation of freedom from communicable . . . . . on file.

The findings include:

The personnel file for Staff A was reviewed and did not contain verification of freedom from

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communicable [illegible]. The Administrator was interviewed at approximately 3 PM on [illegible] and acknowledged this finding.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC

Based on record review and an interview, the facility failed to ensure that 3 of 3 sampled staff (Staff A, B and C) who have regular contact with or provide direct care to residents with ADRD [illegible] and Related [illegible] in this facility that is a secured building had obtained 4 hours of training in ADRD by an approved trainer every year as required.

The findings include:

The personnel files for Staff A, B and C were reviewed for training in ADRD and did not contain documentation of 4 hours of training in ADRD dated within the previous year. The following training was documented and available for review:

a) Staff A-Date of Hire 2008 (new ownership began [illegible]. One hour of training completed on [illegible]

b) Staff B-Date of Hire unknown (new ownership began [illegible]. No documentation of training available for review

c) Staff C-Date of Hire unknown (new ownership began [illegible]. Last documented training was for one hour completed on [illegible]

During interview with the Administrator at approximately 1 PM on [illegible] she acknowledged the staff members did not have documentation of continuing education on an annual basis (4 hours in ADRD).

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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