RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Parkside Assisted Living
329 Church Street
Starke, FL 32091

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) of this office.

Enclosed 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 **2015** 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)4 62-6201.

Sincerely,

Kristen J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966001	03/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Parkside Assisted Living	329 Church Street Starke, FL 32091	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= B
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
On an unannounced biennial licensure survey was conducted at Parkside Assisted Living Facility in Starke, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC
Based on record reviews and interview the facility failed to obtain omitted information for 2 of 2 residents health assessments reviewed (resident #2 and #6).

Findings:

On a record reviews was conducted on residents #2's resident files.
Resident #2 (who is on hospice), current health assessment (AHCA form 1823) dated was incomplete. The assessment was missing medical history and diagnoses, physical or sensory limitations, or behavioral status, service requirements, and special precautions information on page 1. Page 2 section A. was missing required comments for assistance with activities of daily living. Section C. was not filled out. Section D. was not filled out. Page 3. section A. was missing the required comments for self tasks. Section B. was not filled out. Page 4. section B. which asks if the individual needs help with taking their medication, was not filled out. The physicians medical license number, address, and telephone number were all missing. Page 5. was not to be filled out.

On a record reviews was conducted on residents #6's resident files. Resident #6 (who is on hospice) current health assessment (AHCA form 1823) was dated and was incomplete. Page 1 section 1 was not filled out. Page 2 which contains the activities of daily living was not filled out. The resident's status was not filled out on page 3. Page 4 resident tasks section was not filled out.

On at approximately 6:00 PM an interview was conducted with the Administrator regarding the missing information from resident #2 & #6 health assessments. The Administrator stated that both health assessments reviewed were the residents' current assessments and she did not know why they were incomplete. She said it had been an oversight on her part.

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Class III

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC
Based on record reviews and interviews the facility failed to have a interdisciplinary care plan between hospice and the facility which specifies the services being provided by hospice and those being provided by the facility for 2 of 2 residents on hospice services (residents #2 and #6).

Findings:

On a record reviews were conducted on hospice residents #2 and #6. Neither resident had an interdisciplinary plan between hospice and the facility on file.

On at approximately 7:05 PM The Administrator was asked to provide a copy of the interdisciplinary plan from hospice which states what services hospice will provide to each resident and what services will be provided by the facility for each resident. The Administrator stated she did not know that the facility needed an interdisciplinary plan with that information in it.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations and interviews the facility failed to have posted the required numbers for the Hotline, the Agency Consumer Hotline, Rights of Florida. For 14 of 14 residents.

Findings:

On at approximately at approximately 9:35 AM a tour of the facility was conducted. during the tour it was observed that the Hotline number, the Agency Consumer Hotline number, and the Rights number were not posted in the facility.

On at approximately 9:35 a.m. the Administrator was asked why the required numbers were not posted in the facility. She stated that they were posted in the hallway but six weeks ago they took them down to repaint. She was asked why the numbers were not posted after the painting, and she stated the numbers were misplaced and she cannot find them.

Class

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record reviews and interviews the facility failed to have documentation showing they have conducted the 2 required elopement drills per year for the past 3 years for 14 of 14 residents.

Findings:

On a record review was conducted on the facility elopement drills. It was observed that the facility's last documented elopement drill was

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On at approximately 4:00 PM an interview was conducted with the Administrator regarding the facility elopement drills. She stated the facility has been conducting the drills once a year but she has not been documenting them.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on observations and record reviews and interviews the facility failed to provide food service training for 1 of 3 staff members who prepares and serves resident meals (staff B).

Findings:

On a record review was conducted on direct care staff training records. It was observed that direct care staff B did not have Nutritional Safe Food Handling Training.

On at approximately 4:30 PM an interview was conducted with the Administrator in reference to direct care staff B not having Nutritional Safe Food Handling training documentation. The Administrator stated that staff B does not prepare or serve food and that is why they do not have the training documentation.

On at approximately 5:15 PM staff B was observed in the kitchen preparing sandwiches for the residents and then served those sandwiches to the residents for dinner.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record reviews and interviews the facility failed to provide food service training for 1 of 3 staff members who prepares and serves resident meals (Staff B). he facility failed to have documentation showing 3 of 3 staff members (Staff A, B and C) received training.

Findings:

On during a record review of direct care staff training records, it was observed that staff A, B, and C, did not have the training documentation in their training records.

On at approximately 6:00 PM the Administrator was asked where was the training documentation for staff A, B, and C. She stated that all three received the training but it looks like she failed to document the training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, record reviews, and interviews the facility failed to have a current approved dietary menu, failed to maintain substitution menus, and did not have enough emergency water on hand for 14 of 14 residents.

Findings:

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On at approximately 12:00 PM a dinning review was conducted during the noon meal. It was observed that the dining menu posted in the dining area was dated 11. It was observed that the menu stated that the noon menu 4 oz of barbeque chicken, 1 baked potatoes, 1/2c cream corn. The baked potatoes was substituted with potatoes salad and the cream corn was substituted with baked beans. The facility was observed to be 25 gallon short of water for the emergency food supply.

1:49 p.m. the Administrator was asked if there was a substitution menu and she stated she did not know they had to maintain a substitution menu.The Administrator was asked if this was the current menu and she stated no. She said there are new menus which have the same recipes but she is unable to locate them. The head cook was off today and he knows where the menus are at.

Class III

0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC
Based on record reviews and interviews the facility failed to have an employment application for 1 of 3 staff members reviewed (staff B). The facility also failed to maintain documentation of training for assisting residents with activities of daily living for 2 of 3 staff reviewed (staff A and Staff B). The facility further failed to maintain a record of training for assisting residents with the self-administration of medication for 1 of 3 staff members reviewed (Staff C).

Findings:

1. On a record review was conducted on direct care staff B personnel record. The was no application on file staff B.

On at approximately 4:15 PM the Administrator stated she cannot find Staff B application and it must have been misplaced.

2. On during a record review of direct care staff training records. It was observed that there were no activities of daily living and behavioral needs training documentation for staff A and B.

On at approximately 4:30 PM an interview was conducted with the Administrator regarding the missing documentation for in-service training for staff A and B. She stated that both staff A and B received the required training and she must have misplaced the documentation or the trainer did not leave the certificates.

3. On a record review of direct care staff C's training records, revealed she had a 2 hour update medication class dated There was no documentation showing she received the 4 hour assistance with self-administration of medication training.

On at approximately 6:00 PM the Administrator was asked if staff C assists residents with their medication, and she said yes. She was asked if she could provide the training certificate for the 4 hour medication training class. She stated she could not find it.

Class III

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0162-Records - Resident 58A-5.024(3) FAC
Based on record reviews and interviews the facility failed to have a copy of the power of attorney (POA) paper work for 1 of 2 residents who did not sign her own contract but instead was signed by the residents POA (resident #6). The facility also failed to maintain a weight records for 1 of 2 residents sampled upon admission (resident #6).

Findings:

1. On during a record review of resident #6 it was observed that the resident contract was signed by the daughter and not the resident. It was observed that there was no POA paper work in the residents file for the daughter of the resident #6.

On at approximately 6:30 PM the Administrator was questioned about the missing POA paper work for resident #6. The Administrator stated she has requested that the residents daughter give her the paper work but she has not done so as of this date.

On resident #6's record was reviewed. The review revealed resident #6 was admitted on There was no weight record on file for resident #6.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on record reviews and interviews the facility failed to maintain a complete facility contract including the daily, weekly or monthly rate being charged for residency and a 30 days notice of rate increase for 1 of 2 residents reviewed which was missing the rate being charged to the resident (resident #2).

Findings:

On a record review was conducted on resident #2 facility contract. The contract was missing the facility rate and 30 day notice of rate increase.

On at approximately 6:00 PM the Administrator was asked why the facility rate was not included in the contract or the 30 day notice for a rate increase. She stated it appears a couple of the pages from the contract are missing and she will get a new contract signed with the resident.

Class III