



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Parkside Assisted Living
329 Church Street
Starke, FL 32091

RE: CCR #2014005031

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 22-23, 2015 and 2015 by a representative 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966001	(X3) DATE SURVEY COMPLETED 04/16/2015
NAME OF PROVIDER OR SUPPLIER PARKSIDE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 329 CHURCH STREET STARKE, FL 32091	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey, CCR #2014005031, was conducted on _____ and _____ Parkside Assisted Living. Deficient practice was identified at the time of the survey. 0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC Based on record review and interview, the facility failed to submit an adverse incident report for 1 of 5 resident sampled residents for an event which resulted in _____ and an event reported to law enforcement for investigation (Resident #1). Findings: A review of the local police department investigation report revealed the facility on _____ Resident #1 left the facility and was fatally struck by a train. A review of the facility's records on _____ failed to uncover evidence that a state report was filed on Resident #1's _____ on _____. An interview was conducted with the administrator on _____ at 7:15 AM. She stated that she did not file a state report as her Internet connection was not working properly. Class III		