STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910357	09/09/2015
NAME OF PROVIDER OR SUPPLIER **PARKSIDE INN**	STREET ADDRESS, CITY, STATE, ZIP CODE **1613 SW 3RD ST** **BOYNTON BEACH, FL 33435**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Relicensure survey was conducted on 9/08/15 and 9/09/15 at Parkside Inn. The facility had deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on dining observation and staff interview, the facility failed to 1) treat those residents who required assistance with eating their meals with consideration and due recognition of personal dignity, and 2) provide adequate and appropriate health care consistent with established and recognized standards within the community related to hand hygiene during dining assistance for all residents whose meals are provided by staff.

The findings include:

1) During breakfast observation conducted on / at 8:45 AM, Staff G was observed alternating between feeding 3 residents, and Staff H was observed alternating between feeding 2 residents. During the entire time both staff were assisting with feeding these 5 residents, Staff G and H were standing over the residents. At no time did Staff H or Staff G sit down next to the residents to personally interact with them while feeding them their meals.

An additional observation was conducted during the lunch meal on at 12 Noon. Staff A was observed assisting with feeding 2 residents, both of which she stood over while feeding. Staff G was observed assisting 3 residents, each being fed their meal while staff stood over them.

2) During meal observations on at 8:45 AM and 12 Noon, Staff A, D, G, and H failed to perform appropriate hand-hygiene practices at the beginning of the meal, in-between providing feeding assistance to each resident needing assistance, and after touching residents clothing and care equipment (walker) prior to serving residents their food. It was also noted there was no hand sanitizer within easy access to staff assisting with meals.

During employee record review for Staff A and Staff D, it was confirmed that Staff A and D had completed training for Control, Nutritional and Safe Food Handling, and Resident Rights. Interview with Administrator on / at 1:10 PM revealed all staff complete these specific trainings during the staff in-service training conducted at the time of hire.

During interview with Administrator on at 2:00 PM, she acknowledged the findings regarding resident's personal dignity and the lack of appropriate hand hygiene.

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Class III

0032 Resident Care - Elopement Standards

Based on resident record review, observation and interview, the facility failed to ensure that residents who are identified as an elopement risk had identification on their person that includes their name, the facility name, address, telephone number for 4 of 6 residents' records reviewed (#11, #12, #13 and #14).

The findings include:

Resident record review for Resident #11 revealed a Facility Health Assessment form (AHCA Form 1823) dated with diagnosis of and . The physician indicated that the resident requires assistance with activities of daily living, assistance with medication self-administration and elopement precautions.

Resident record review for Resident #12 revealed the resident was admitted on . Resident #12's Health Assessment Form (AHCA Form 1823) dated with diagnosis of and . The physician indicated further that the resident requires assistance with activities of daily living, medication self -administration and elopement precautions.

Resident record review for Resident #13 revealed an admission date of . Resident #13's Health Assessment form (AHCA Form 1823) dated with diagnosis of and . The physician indicated that the resident requires assistance with activities of daily living, assistance with medication self-administration and elopement precautions.

Resident record review for Resident #14 revealed an admission date on . Resident #14's Health Assessment Form (AHCA Form 1823) dated with diagnosis of and . The physician indicated further that the resident requires assistance with activities of daily living, medication self -administration, and elopement precautions.

Observation of Residents #11, #12, #13 and #14 on at approximately 10:00 AM. Resident #11 was found sitting on a sofa outside his . He was looking out the window watching the rain. He was asked if he had any identification on his person. He stated no. He checked his pockets and had no wallet. The resident did not have on a neckless or any bracelets on his wrists or ankles. Resident #13 was sitting next to him. She was asked if she had any form of identification on her person, she stated no. She was not carrying a purse; she checked her pockets for a wallet. She had none. The resident

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had on no neckless or any bracelets on her wrists or ankles. Resident #12 was found in her room. She was sitting in a chair reading. Resident was asked if she had any identification on her person; she stated no, she did not. The resident looked in her purse and wallet and could not produce any identification. The resident did not have on any type of identification neckless or bracelets on her wrists or ankles. Resident #14 was located in the day a reclining chair watching TV. He was asked if he had any identification. He checked his pockets and stated he had no wallet and no identification. The resident was not wearing any type of identification neckless or bracelets on his wrists or ankles.

During an interview conducted with the Administrator on at approximately 12:00PM, who was asked to explain the elopement precautions the facility has in place. She stated that the facility is locked. There are alarms on all the exit doors. She produced an elopement book that is kept at the front desk with the face sheets and photographs of residents who have been identified as elopement risk. Residents #11, #12, #13 and #14 are in the book. The Administrator provided a copy of Policy & Procedure: Wandering And/ Or Elopement Residents. Section3. States " Residents identified at risk for wandering and elopement will be provided with identification to keep on their person which reflects the resident ' s name, facility name, address and phone number. " The Administrator acknowledged that Residents #11, #12, #13 and #14 are not wearing their identification bracelets today. She stated that they have been given the identification bracelets and keep taking them off.

Class III

0052 Medication - Assistance with Self-Admin

Based on record review, observations and interviews, it was determined the facility failed to ensure that all unlicensed staff assisting residents with their self-administered medications followed the appropriate steps and procedures for, 5 out of 5 sampled residents observed during the medication pass (Resident #12, #13, #1, #2, #3).

The findings include:

a) Observation of the medication pass conducted on at approximately 8:50 AM with Staff D (unlicensed staff), she stated that she was going to conduct medication pass. She went to the medication cart. Reviewed the electronic medication record for Resident #12. Staff D unlocked the medication cart, took the medication packs out to the cart; pushed the medications out of the packs into a soufflé cup and put the packages of medication back into the medication cart. Staff D took the medication cup into the dining the resident and stated " this is your medication " . Staff D handed the cup to the resident and watched the resident take the medications. Staff D returned to the medication cart and signed the electronic MOR for resident #12. It was approximately 15 minutes

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between the time the resident took the medication to the time the Med Tech signed the electronic MOR.

b) Observation of the medication pass conducted on at approximately 9:15 AM with Staff D (unlicensed staff). Resident #13 came to the medication cart after leaving the dining . Staff D reviewed the electronic MOR; unlocked the Medication Cart, pulled the medication cards out of the cart and pushed the pills into a soufflé cup. Staff D handed the cup to the resident and watched him take the medications. She put the packages of medication back into the medication cart and signed the e-MOR. Staff D, at no time, did she read the names of the medication or the label to the resident.

c) Medication pass observation conducted on with Staff E (unlicensed staff) at approximately 8:15 AM. Staff E stated she was going to assist with medication this morning because Staff D called in sick. Staff E pushed the medication cart outside the day the bulk of the residents were sitting. She reviewed the electronic MOR and unlocked he medication cart and took the medication packets out of the medication cart for Resident #1, then pushed the medications into a soufflé cup. Resident #1 was sitting at a table in the day his breakfast. Staff E handed Resident #1 the cup and stated " these are your morning medications ". Resident#1 put the cup down on the table. Staff E stated again " these are the medications you take every morning that the Dr. ordered for you " . Staff E had to hand the cup to the resident several times resident would take a few pills out and put the cup down again. Staff E would pick it up again and hand it back to him until the cup was empty. Staff E, at no time, did she read the names of the medication or the label to the resident.

d) Medication pass observation conducted on with Staff E (unlicensed staff) at approximately 8:35 AM. Staff E returned to the medication cart in the hall after providing medications to Resident #1 and signed the e MOR. Staff E, unlocked the medication cart and took the medication packets out of the medication cart for Resident #2, pushed the medications into a soufflé cup. Staff E then put the medication cards back into the medication cart and locked them. She then went to Resident #2 who was sitting in the day the wall listening to a TV show. Staff E handed Resident #2 the cup and stated " these are your morning medications " . The resident put the cup to her mouth and with water supplied by staff E swallowed them in two swallows. Staff E returned to the medication cart in the hall and signed the e MOR. Staff E, at no time, did she read the names of the medication or the label to the resident.

e) Medication pass observation conducted on with Staff E (unlicensed staff) at approximately 8:50 AM. Staff E reviewed the electronic MOR and unlocked the medication cart and took the medication packets out of the medication cart for Resident #3. Pushed the medications into a soufflé cup put the medication cards back into the medication cart and locked them. Staff E went to the resident who was sitting in the day the wall listening to a TV show. She handed him the cup and stated " these are your morning medications " . The resident put the cup to his mouth and with water supplied by

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staff E swallowed them in two swallows. Staff E returned to the medication cart in the hall and signed the e- MOR. Staff E, at no time, did she read the names of the medication or the label to the resident.

During an interview conducted on with Staff E (unlicensed staff), acknowledged she did not read the labels or the names of the medications to the residents.

Record review of aformentioned residents' records confirmed all required assistance with their self-administered medications.

During an interview conducted with the Administrator on at approximately 12:00PM, she acknowledged aformentioned and stated she was not aware they had to bring the medication packet to the residents and read the label.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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 , 2015 and , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

XG90

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