STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966001	**03/10/2017**
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

On , 2017 a Biennial Licensure Survey with Limited Nursing Service (LNS) was conducted at Parkside Assisted Living Facility (facility license number 10278). During the survey deficient practice was identified.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to provide activities to 13 of 13 residents as required.

Findings:

During an observation on , upon arrival to the facility at 9:30 AM until departure at 3:30 PM, the residents were not observed to be engaged in any type of organized activities. According to the activities calendar the activity scheduled for today was to be a group exercise.

During an interview on at 10:25 AM with Resident #2, the resident stated the facility does not have many activities, the only activity the facility offers is church services every now and then and sometimes bingo.

During an interview on at 2:14 PM with the night shift caregiver, the caregiver stated the facility does provide several activities, such as bingo and church, but the facility never has any type of exercise activities for the residents.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, interview, and record review, the facility failed to have a physician's order for 1/2 side rails for 2 of 2 residents (Resident #2 and #7).

Findings:

During an observation on at 9:30 AM, two resident's (Resident #2 and #7) 1/2 bed rails were observed in the upright position.

On , a review of Resident #2's and #7's clinical records did not show the residents had physicians orders for the 1/2 bed rails.

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During an interview on at 2:40 PM, after the Administrator reviewed the residents charts with this surveyor, the Administrator confirmed that Resident #2's and #7's charts did not have physicians orders for the residents to have 1/2 side rails.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview, the facility failed to have a policy and procedure regarding residents receiving third party services, for 1 of 13 residents (Resident #3), receiving home health services.

Findings:

During a review on of Resident #3's record, it was observed that there was no physician's order for the resident to have occupational , , (OT) or physical , , ( ).

During an interview on at 11:03 AM with Resident #3, she stated she receives occupational and physical , , , via a home health company.

During an interview on at 2:40 PM, the Administrator stated Resident #3 does receive home health services for OT and . The facility does not have a physician,s order for the resident to receive home health services. The Administrator thinks the daughter may have arranged for the resident to have home health services. When asked, the Administrator stated the facility does not have a policy and procedure relating to the delivery of services in the facility by third parties.

Class III

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

Based on record review and interview, the facility failed to have a freedom from communicable statement for 1 of 3 staff (Staff B).

Findings:

On , a record review was conducted on care staff, Staff B, who was hired on .
During the review it was discovered that Staff B had no freedom from communicable statement in her record.

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On at approximately 2:30 PM, the Administrator stated she can not find Staff B's freedom from communicable statement.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to have an application on file for 1 of 3 staff (Staff A), and failed to have all required training documentation for 3 of 3 staff members (Staff A, B, and C).

Findings:

On , a record review was completed on direct care staff, Staff A, who was hired on . During the review it was discovered that Staff A had no application in her record.

On , a record review was conducted on care staff , Staff A's, training records. It was observed she was missing her training documentation for Activities of Daily Living and Behavioral Needs. Recognizing and Reporting Neglect and , , and ( ) Policy and Procedures Training.

On , a record review was conducted on care staff, Staff B, who was hired . It was observed she was missing all her in-service training documentation, her training documentation, and her P & P training documentation.

On a record review was conducted on care staff C who was hired . It was observed she was missing training documentation for training. Emergency Preparedness and Evacuation Training. Incident Report Training. Resident Rights Training. Recognizing and Reporting Neglect and , Training. Policy and Procedures training.

On at approximately 2:30 PM, the Administrator stated she could not find the application for Staff A. She stated that the staff had all the required training but an employee who no longer works in the facility misplaced the training documentation and she has got to find it.

Class III

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0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure that the resident's file contained a signed power of attorney for 1 of 9 residents (Resident #2), and the facility failed to ensure that the contracts for 13 of 13 residents included a 30 day notice of provision of rate increase.

Findings:

On . . . . . , a review of Resident #2's record did not show the resident had a signed power of attorney form for the person signing her admissions contract. A review of the contract did not show that the contract showed verbage for the residents regarding 30 day notice of rate increase.

During an interview on . . . . . at 2:40 PM, the Administrator stated she does not have Resident #2's signed power of attorney. The Administrator also confirmed, after reviewing the admission contract given to all new admissions to the facility, that the contract does not contain verbage regarding a 30 day provision of rate increase.

Class III

N276 - LNS - Nursing Services - 58A-5.031(1) FAC

Based on observation and interview, the facility failed to ensure that 1 of 1 residents (Resident #2), who receives assistance in applying a back brace, was receiving Limited Nursing Services (LNS) to assist in this process.

Findings:

During an interview on at 9:40 AM, the Administrator stated the facility has no residents who are receiving Limited Nursing Services (LNS).

An observation was conducted on . . . . . at 10:25 AM which revealed Resident #2 was wearing a back brace.

During an interview on at 10:25 AM with Resident #2, she stated the facility staff puts her back brace on whenever she would like to wear her back brace.

During an interview on . . . . . at 1:39 PM, the day shift caretaker stated the Resident #2 does wear a back brace that the staff puts on the resident whenever she wants to wear it.

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Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintained an employee roster with the Background Screening (BGS)Clearinghouse of the Agency for 3 of 3 (Staff A, B and C).

Findings:

On . . . . . , a record review was conducted on the facility employee roster with the BGS Clearinghouse. It was discovered that the facility roster was not up-to-date. Staff A, B and C were not on the roster.

On . . . . . at approximately 2:30 PM, the Administrator was asked why Staff A, B and C were not current on the BGS roster. She stated she did not know how to update it.

Unclassified.

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to have a current Level 2 Background Screening for 1 of 1 staff (Limited Nursing Services Nurse).

Findings:

On . . . . . , during a personnel record review of the Limited Nursing Service (LNS) Nurse's personnel file, it showed the LNS nurse, who has access to the residents, as not having a Level 2 Background Screening.

During an interview on . . . . . at 10:00 AM with the LNS Nurse, she stated she thought she had a Level 2 Background Screening. The LNS Nurse then confirmed she does not have a Level 2 Background Screening.

On . . . . . , a review of the Background Screening Clearinghouse showed that the LNS Nurse did not have a Level 2 Background Screening on the website.

Unclassified.