

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969264	(X3) DATE SURVEY COMPLETED 08/23/2018
NAME OF PROVIDER OR SUPPLIER PARKSIDE ASSISTED LIVING AND MEMORY COTTAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2595 HARBOR BLVD PORT CHARLOTTE, FL 33952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced limited nursing services and emergency power plan monitoring survey was conducted on 08/23/2018 at Parkside Assisted Living and Memory Care, an assisted living facility (license # 13075) in Port Charlotte, Florida. The following is description of the deficiencies. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interview, the facility failed to prepare a detailed plan to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power, submit said plan to the local emergency management agency and implement said plan by 09/01/2018, 2018. The findings included: On 08/23/2018 at 10:15 a.m., the Administrator said there was currently no approved Emergency Power Plan. The Administrator said they had submitted a plan on 08/23/2018, 2018 and as of date of survey still had not received an approved plan. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/24/2018
FORM APPROVED

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