STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966001	**02/05/2019**
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 [redacted], an unannounced abbreviated biennial re-licensure survey in conjunction with Limited Nursing Services (LNS) and Emergency Power Plan monitoring surveys was conducted at Parkside Assisted Living (License #10278). Deficient practice was identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to submit an Emergency Power Plan (EPP) to the local emergency management agency for review and approval, and develop and implement written policies and procedures to ensure the facility could immediately and effectively activate, operate, and maintain the alternate power source.

Findings:

A record review of the facility records revealed the facility had not provided any information summarizing the facility's Emergency Power Plan. Written policies and procedures were not available to ensure the facility could immediately and effectively activate, operate, and maintain the alternate power source.

On [redacted] at 1:30 PM, during an interview with the Administrator, she acknowledged the facility had not submitted an Emergency Power Plan to the local emergency management agency for review and approval or develop written policies and procedures to ensure the facility could activate, operate and maintain the alternative power source.

On [redacted] at 2:38 PM, during an interview with the Director of the Bradford County Emergency Management Office, he stated the facility had not submitted an Emergency Power Plan for review.

Class III