| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 105145 | A. Building<br>B. Wing | 10/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Parkside Health and Rehabilitation Center | 451 S Amelia Ave<br>Deland, FL 32720 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48947<br><br>Based on record review, interview, and a review of the facility's policy, the facility failed to revise the resident's code status in the care plan for one (Resident #68) of a total survey sample of 36 residents. Failure to update the resident's care plan for code status could result in staff confusion and the resident's wishes not being followed.<br><br>The findings include:<br><br>A review of Resident #68's medical record revealed an admitted [DATE] and diagnoses including sepsis, partial intestinal obstruction, anemia, dementia-mild with mood disturbance, unspecified sequelae of cerebral infarction, major depressive disorder, schizoaffective disorder-depressive type, generalized anxiety disorder, and chronic kidney disease.<br><br>A review of the resident's active Care Plan revealed the following Focus Areas, Goals and Interventions:<br><br>Focus: Resident/Representative/Proxy has requested DNR (Do Not Resuscitate) status indicating (CPR) cardiopulmonary resuscitation measures are not performed (initiated [DATE], revised [DATE]). Goal: Resident or resident representative will communicate any desired changes to code status through next review (initiated: [DATE], revision: [DATE], target date: [DATE]).<br><br>Interventions: Communicate resident/representative choice to appropriate staff members (initiated [DATE]). Notify physician of changes in code status preference (initiated [DATE]).<br><br>Review/discuss Advanced Directives with the resident/resident representative as needed (initiated: [DATE], revision: [DATE]).<br><br>Further review of the record revealed that an Advanced Directives Discussion Document was signed on [DATE] by the resident's health care proxy to establish the resident's wish to have CPR administered in the event of sudden cardiac arrest for any reason. (photographic evidence obtained)<br><br>A review of the active physician's orders revealed the resident's Full Code status was ordered on [DATE] and signed by the physician on [DATE].<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 105145 | A. Building<br>B. Wing | 10/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Parkside Health and Rehabilitation Center | 451 S Amelia Ave<br>Deland, FL 32720 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On [DATE] at 11:48 AM, the DNR Binder at the nurse's station was reviewed and revealed that Resident #68's status was Full Code.<br><br>On [DATE] at 12:49 PM, a performance improvement plan (PIP) for Care Plan Interventions, initiated on [DATE], was reviewed, including periodic audits, which were documented as having been completed by [DATE]. No audits specific to care plan revisions/updates were made available for review. The PIP was reviewed in the monthly QAPI (Quality Assurance and Performance Improvement) meeting for three months after the plan was initiated. There was no indication that further monitoring of care plans was in place. (photographic evidence obtained)<br><br>On [DATE] at 11:02 AM, an interview was conducted with Licensed Practical Nurse (LPN) A, the minimum data set (MDS) assistant. She explained that the baseline care plan was initiated by the admitting nurse and MDS staff worked on the comprehensive care plan. She explained that the purpose of the care plan was to address all of the problems the resident had and the goals and interventions they needed. She reported that all staff had access to the care plan. Care plan meetings were held at least every quarter and more often if the resident had a significant change in status. The meetings were attended by the Dietary Manager, Activities Director, Social Services, Unit Manager, and Therapy. The family comes if they want to and whoever they request to attend. Sometimes the resident wants to come, oh and me, I usually do the long-term people. She was asked what was discussed during care plan meetings. She stated, We discuss the plan, any skin issues, any concerns the resident has, any dietary issues, any problems, any discharges and what needs to be done prior to discharge. We talk about therapy issues, just a lot of different things. She was asked how often care plans were updated. She stated, Anytime we get any new orders and quarterly when we do their assessment. She explained that sometimes other staff asked the MDS staff to add things to the resident's care plan and they did so. A copy of Resident #68's care plan was requested.<br><br>A review of the facility's policy titled Standards and Guidelines: Care Plans, Development Baseline and Comprehensive (effective ,d+[DATE], revised ,d+[DATE]) revealed:<br><br>13. Assessments of residents are on-going, and care plans are revised as information about the residents and the resident's conditions change.<br><br>14. The Interdisciplinary Team must review and update the care plan:<br><br>a. When there has been a significant change in the resident's condition<br><br>b. When the desired outcome is not met<br><br>c. When the resident has been readmitted to the facility from a hospital stay<br><br>d. At least quarterly, in conjunction with the required quarterly (MDS) minimum data set assessment. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 105145 | A. Building<br>B. Wing | 10/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Parkside Health and Rehabilitation Center | 451 S Amelia Ave<br>Deland, FL 32720 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>50369<br><br>Based on observations, interviews, and record review, the facility failed to serve beverages in accordance with professional standards for food service safety, by failing to clean the ice and juice machines in the kitchen. Failure to maintain the cleanliness of the ice and juice machines could result in potential health risks to any resident receiving ice or beverages from the facility's kitchen.<br><br>The findings include:<br><br>On 10/21/24 at 11:10 AM during the initial tour of the kitchen, the ice machine was observed with a pink slimy substance resembling pink biological growth along the entire bottom edge of the ice dispenser chute. When wiped with a clean napkin, the substance described above transferred onto the napkin. (Photographic evidence obtained). An observation of the external distribution lines of the kitchen's juice machine at the area where they delivered juice into the machine, were observed with a black slimy substance resembling biological growth on and around the lines. When wiped with a clean napkin, the substance described above transferred onto the napkin. (Photographic evidence obtained). When the findings were shown to Dietary Aide C, she reported that the kitchen staff only cleaned the juice dispenser spouts, not the delivery lines. She wiped some of the black substance off the lines and said it looked like mildew. Adjacent to the juice machine was a yellow 8-outlet power strip. Three pieces of kitchen equipment were plugged into the power strip, which was covered in a red sticky dried-on substance resembling juice splatters. The splatters were on and around the live outlets and the on/off breaker switch. When asked about the substance on the strip, Dietary Aide C acknowledged its presence. Without identifying the substance, she stated she would wipe it down with a wet rag. She was stopped from obtaining a wet rag and was reminded that it was a live outlet.<br><br>A cleaning schedule for the ice machine was observed hanging on the side of the machine indicating it was last cleaned on 10/01/2024. (Photographic evidence obtained)<br><br>On 10/21/24 at 11:30 AM, an interview with the Dietary Manager related to the above concerns was conducted. He stated the machines were cleaned monthly. The Dietary Manager observed the areas of concern described above and confirmed the findings. He then stated the ice machine would be cleaned immediately, and he would change the cleaning schedule to bi-weekly. He also stated the juice lines would be cleaned immediately and added to the bi-weekly cleaning schedule. |