

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 N Australian Avenue West Palm Beach, FL 33407	

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)
<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39026</p> <p>Based on observation and interviews, the facility failed to appoint an Administrator, who is responsible for the management and daily operation of the facility.</p> <p>The findings included:</p> <p>On 11/25/24 upon entrance to the facility at 8:45 AM, the surveyor was greeted by the Assistant Administrator. When asked where the Administrator was the surveyor was told that the Administrator was on vacation this week. The Assistant Administrator was asked if she had her Nursing Home Administrator's license, and she stated she is waiting to take the test. The license in the facility is the Administrator's license.</p> <p>On 11/25/24 at 10:45 AM, the surveyor was contacted by the Administrator via telephone. The Administrator stated that he lives in [NAME], but he is in contact with the facility every day by emails and phone calls. He further stated that he is usually in the building 2-3 days a week, he has been the Interim Nursing Home Administrator since September 2024 and has been a licensed Nursing Home Administrator since November 2023.</p> <p>On 11/25/24 at 12:15 PM, an interview was conducted with the Regional [NAME] President. She stated that she lives local and comes to the facility weekly. She is also a licensed Nursing Home Administrator. She stated they are waiting for the Assistant Administrator to obtain her license to become the Nursing Home Administrator.</p> <p>The interviews with the Administrator and Regional [NAME] President revealed that the facility does not have a licensed Nursing Home Administrator overseeing the day-to-day operations of the facility, due to the Interim Nursing Home Administrator only being in the facility 2-3 days out of 7 days per week.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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