Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11943102	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL ASSISTED LIVING AT PALM BEACH LLC	2090 N. CONGRESS AVENUE WEST PALM BEACH, FL 33401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments AMENDED An unannounced Change of Ownership (CHOW), Complaint (#2021007453) and Generator Monitoring survey was conducted on & at Colonial Assisted Living at Palm Beach LLC. The facility had deficiencies identified related to the Change of Ownership (CHOW) and Complaint (#2021007453) at the time of the survey.	A 000		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 083		

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A 083	Continued From page 1 failed to ensure that staff members have completed courses in both First Aid and and holds a currently valid card documenting completion of such courses, were always in the facility, reviewed for 3 of 4 sampled staff (Staff A, Staff B, and Staff D). The findings Include: On the personnel files were reviewed, and the following was revealed: a) Staff A (Med Tech) direct care staff date of hire who works during the 7:00 AM to 3:00 PM shift revealed no current training with a valid card in First Aid or in the file. b) Staff B (Med Tech) direct care staff date of hire who works during the 7:00 AM to 3:00 PM and 3:00 PM to 11:00 PM shift revealed no current training with a valid card in First Aid in the file. c)Staff D (Med Tech) direct care staff date of hire who works during the 11:00 PM to 7:00 AM shift revealed no current training with a valid card in First Aid in the file. In an interview with the Administrator on at 2:23 PM, he was informed of the missing documentation and a request was made for the items. He was advised that a staff with First Aid and must be in the facility during all hours of operation. He was provided the opportunity to provide documentation for an employee that worked the same shift as Staff D. He provided a /BLS for a 3rd shift employee. He was informed the certificate provided for the employee who works the same shift, did not document First Aid. He stated it was there,	A 083		

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A 083	Continued From page 2 pointing to BLS (Basic Life Support) designation. He was informed that BLS is not First Aid or the equivalent, and that he could provide verification for another 3rd shift employee, He was also informed that the First Aid requirement could be satisfied if there was a Nurse working the shift each night. He stated the facility does not currently have a Nurses on the shift. On at 3:32 PM the Administrator stated that when the training was completed only and were completed. The First Aid training was not completed. During an interview on at 4:33 PM with the Administrator, Director of Nursing (DON), and Regional Director, the findings were acknowledged. No additional information was provided. Class III	A 083		
A 160	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility.	A 160		

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A 160	Continued From page 3 (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with [illegible]'s [illegible] or related [illegible], a copy of all such facility advertisements as required by section 429.177, F.S.	A 160		

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A 160	Continued From page 4 (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and observation the facility failed to provide the Resident's facility record for one (1) of three (3) Residents reviewed (Resident #22).	A 160		

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A 160	Continued From page 5 The Findings Include: On [redacted] and [redacted], a Complaint Survey was conducted at the facility. During the Survey on [redacted] at 9:21 AM, this Surveyor made a request to the Administrator/Executive Director (Administrator) for Resident #1 facility file. He stated he did not think they had the file, that it may have been sent to (another facility). In an interview with the Director of Nursing (DON) on at 10: 27 AM a request was made for the Resident #1's file/documents. She stated she would look but wasn't sure they had the file. On at 2:11 PM, the Administrator he came into the office where the Surveyors was working and stated he looked everywhere and could not find it. In an interview with the Administrator on at 3:32 PM, he stated he called the Regional and Corporate office but nothing yet. In an interview with the Administrator on at 2:31 PM, he stated they do not have the Resident record. No Record was provided for Resident #1 during the Survey. 02/012022 at 2:57 PM, this Surveyor conducted an interview with the Director of Nursing. She provided verbal information regarding the Resident's health status but could not provide the Resident's file. No Record for Resident #1 was provided during the survey. On at 4:31 PM, Surveyors met with the Administrator, Director of Nursing, and	A 160		

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A 160	Continued From page 6 Regional Director of Operations to conduct the Exit Interview. They were informed of the findings of the findings. Class III	A 160		