

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11910386</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>R<br><b>02/22/2022</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**COLONIAL ASSISTED LIVING AT WEST PALM BEACH-**

**534 DATURA STREET  
WEST PALM BEACH, FL 33401**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {A 000}                  | Initial Comments<br><br>An unannounced revisit to the Complaint survey (#2021017369) was conducted on _____ at Colonial Assisted Living at West Palm Beach. The facility had an uncorrected deficiency at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | {A 000}             |                                                                                                                          |                          |
| {A 080}                  | 429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test<br><br>429.52<br>(2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements.<br>(3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics:<br>(a) State law and rules relating to assisted living facilities.<br>(b) Resident rights and identifying and reporting _____, neglect, and _____.<br>(c) Special needs of elderly persons, persons with mental illness, and persons with _____ and how to meet those needs.<br>(d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food.<br>(e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication.<br>(f) Firesafety requirements, including fire | {A 080}             |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11910386</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/22/2022</b>                                                       |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COLONIAL ASSISTED LIVING AT WEST PALM BEACH-</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>534 DATURA STREET<br/>WEST PALM BEACH, FL 33401</b> |                                                                                                                          |
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| {A 080}                                                                                 | <p>Continued From page 1</p> <p>evacuation drill procedures and other emergency procedures.</p> <p>(g) Care of persons with _____'s _____ and related _____</p> <p>59A-36.011<br/>(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.</p> <p>(a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test.</p> <p>(b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to _____, and managers who attended the core training program prior to _____, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement.</p> <p>(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years.</p> <p>(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education</p> | {A 080}                                                                                         |                                                                                                                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COLONIAL ASSISTED LIVING AT WEST PALM BEACH-</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>534 DATURA STREET<br/>WEST PALM BEACH, FL 33401</b> |                                                                                                                          |
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| {A 080}                                                                                 | <p>Continued From page 2</p> <p>requirements will be considered a new administrator or manager for the purposes of the core training requirements and must:</p> <ol style="list-style-type: none"> <li>1. Retake the assisted living facility core training; and,</li> <li>2. Retake and pass the competency test.</li> </ol> <p>(e) The fees for the competency test shall not exceed \$200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on Record Review and Interview, the facility failed to ensure that the Assistant Administrator secured the required CORE certification in a timely manner.</p> <p>The Findings Include:</p> <p>On _____ a Revisit was conducted at the facility. During a review of a facility representative's letter dated 01/25/2022 stated the Assistant Administrator will within 90 days complete the CORE training requirements and competency test.</p> <p>In an interview with the Administrator on _____ at 4:47 PM she stated the Assistant Administrator is CORE trained but didn't pass the test the first time and is scheduled to retake the test _____, 2022.</p> <p>On _____ this Surveyor met with the Administrator to conduct the Exit Conference. She was informed of the findings: Assistant Administrator had not secured CORE</p> | {A 080}                                                                                         |                                                                                                                          |

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| {A 080}                                                                                | Continued From page 3<br><br>certification. She was also informed that she<br>would receive a report from our office of the<br>findings. She stated she understood.<br><br>Class III | {A 080}                                                                                               |                                                                                                                          |  |                                                                    |