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
	AL11910386	A. BUILDING: _____ B. WING _____	02/06/2024

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 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 An unannounced Relicensure, Complaint (#2023007545) and Generator Monitoring survey was conducted on at Colonial Assisted Living at West Palm Beach. The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	A 152		

AHCA Form 3020-0001

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

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A 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain a safe and decent living environment for two of two shower rooms. Findings: Observation on at 11:00 AM found resident common shower room located in the corridor of the 3rd floor to have an unsecured sink faucet. Photographic evidence obtained. Observation on at 11:10AM found resident common bathroom located in the corridor of the 2nd floor to have a cracked toilet seat and a cracked toilet tank cover. Toilet flush handle cracked. Observed peeling paint along the baseboard and damaged drywall behind the toilet revealing an approximate six-inch hole. Photographic evidence obtained. Observation on . . . . . at 11:20AM found the resident common shower room located in the corridor of the 2nd floor to have a leaking sink faucet with water running onto the floor, a corroded and pitted shower handle. Observe a black mold like substance on the ceiling. Photographic evidence obtained. On the survey team met with the Administrator to conduct the Exit Conference.	A 152		

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A 152	Continued From page 2 She was informed of the findings of the Survey and acknowledged the findings and that they need to be repaired and corrected. Class III	A 152		
AL240	429.075; 59A-36.020(1) LMH - Licensing 429.075 Limited mental health license.-An assisted living facility that serves one or more mental health residents must obtain a limited mental health license. 59A-36.020 Limited Mental Health. (1) LICENSE APPLICATION. (a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident. (b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected. This Statute or Rule is not met as evidenced by: Based on Record Review and Interview the facility failed to apply for/or secure a Limited Mental Health license required for facilities admitting residents with mental health/or requiring mental health services for five (18) of (18) residents sampled or reviewed (Residents 1,5, 19, 21, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37).	AL240		

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AL240	Continued From page 3 The Findings Include: During the re-licensure survey conducted at the facility on it was revealed that the facility had one or more mental health residents. Facility's serving one or more mental health residents must obtain a limited mental health license. In an interview with Staff H on at 12:34 she stated they have residents with a Psych diagnosis throughout the building. This surveyor made a request to her for a list documenting the residents who are receiving Psych services. In an interview with Staff H on at 12:58 PM she provided this surveyor with a document listing eighteen (18) facility residents (Residents 1,5, 19, 21, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37) who are receiving Psych services; several of which are receiving injections by a Home Health Agency (copy obtained). It further documented that Residents 1, 5, 19, 21, 24, 28, 29, 33, 35, 36, 37 are receiving medication through Injections as part of their treatment. A sampled review of the residents documented as having a mental health diagnosis/or receiving services revealed the following: A review of Resident #1's facility file and documents revealed she was admitted to the facility on . A review of her file also revealed an AHCA Form 1823 (Health Assessment) dated documenting her diagnosis which included Dependence, NEC, with . Review also revealed that	AL240		

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AL240	Continued From page 4 she receives [redacted] services and [redacted], Maintena ER 400MG Injections every four (4) weeks. A review of Resident #2's facility file and documents revealed she was admitted to the facility on [redacted]. A review of her AHCA Form 1823 (Health Assessment) dated [redacted] documented her diagnosis which included Generalized [redacted], Recurrent severe major [redacted] with [redacted] features, [redacted]. Further review of her facility file revealed a Case Note with an entry dated [redacted] documenting; Resident was seen today by Psych ARNP for a routine follow-up. A review of Resident #8's facility file and documents revealed he was admitted to the facility on [redacted]. Review of his AHCA Form 1823 (Health Assessment) documented his diagnosis which included History of [redacted] Functional Decline and [redacted]. A review of the Residents #18's facility file revealed he was admitted to the facility on [redacted]. Review also revealed an AHCA Form 1823 (Health Assessment) dated [redacted] documenting his diagnosis which included [redacted] of [redacted] or Behavioral Status Adjustment [redacted] with Depressed [redacted], Psychophysical Visual Disturbances, [redacted] and [redacted]. A review of Resident #21's facility file and documents revealed the resident was admitted on [redacted]. Review also revealed a an AHCA Form 1823 (Health Assessment) dated [redacted] documenting her diagnosis which included [redacted], Non-Compliance Meds, [redacted]	AL240		

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AL240	Continued From page 5 , Current episode severe with features, , , , and . A review of Resident #22's facility file and documents revealed he was admitted on . Review also revealed her diagnosis which included , , , and . In an interview on at 4:12 PM with the Administrator the survey team informed the Administrator and director of Wellness they were informed that an Assisted Living Facility that serves one or more mental health residents must obtain a limited mental health license, and an explanation provided regarding the licensure requirements for Limited Mental Health. They stated they understood. Class III	AL240		