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
	AL11969725	A. BUILDING: _____ B. WING _____	02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CAPSTONE AT ROYAL PALM	10621 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411

(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 uannounced Complaint Investigation (#2025000441, 2025014133, 2026001228) and Generator Monitoring survey was conducted at The Capstone at Royal Palm Beach. The facility had deficiencies related to complaint #2025000441 and #2026001228 at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident,	A 025		

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A 025	Continued From page 1 including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record and interview the facility failed to prevent the elopement of (2) of three (3) residents reviewed (Residents 2 and 3). The Findings Include: During the Entrance Conference on at 9:18 AM as request was made for the facility's Supervision Policy. No supervision policy information was provided during the survey. A review of the facility's undated Resident	A 025		

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A 025	Continued From page 2 Agreement documented the following: Staff/associates are available 24 hours a day, seven days a week. We are not required to, and do not provide 24-hour nursing, one-on-one care or supervision or continuous, uninterrupted visual monitoring of you. A review of the facility's Elopement policy dated documented it included the following: Policy: Elopement precautions will be carried out for residents who have demonstrated previous attempts to elope or have a history of elopement. Procedure: 1. Residents will be screened prior to admission for significant elopement risk. a. The Elopement Risk Evaluation Form may be used. b. A physician statement regarding the resident leaving the building unescorted will be obtained. 4. If an elopement occurs the following steps will be immediately initiated. a. Notify the Executive Director and Director of Health and Wellness immediately. b. Begin a systematic search of the property and surrounding neighborhood. i. A thorough search of the property will include searching: 1. All public areas 2. Bathroom areas. 3. Bedroom closets 4. Under beds. 5. Window areas - check to ensure windows were not used as an exit 6. Automobiles on the property and surrounding area. C. Notify the resident's family and/or responsible	A 025		

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A 025	Continued From page 3 party d. Notify law enforcement/Emergency Medical Services (911) within thiry (30) minutes of the elopement if the resident is not located. 3. Once located, the resident will receive a physical examination and physician consultation. A). A review of the Confidential document submitted to the Agency on at 03;38;29 PM documented it included they believe Resident #2 exited the building between 1:15 PM (about the time the caregiver last recalls seeing her prior to taking another resident to the bathroom) and 1:25 PM, when the son arrived and found her just outside. At approximately 1:25 PM, resident's son (name) arrived to visit his mother in our memory care neighborhood. He pulled around to the main MC entrance, and found his mother standing in the parking lot just outside the MC doors. He brought her inside, and was looking for a caregiver when the med tech returned from her lunch break at 1:31 PM. (Son) showed the med tech the door that was still not locking or alarming when (Staff E), the caregiver, emerged from the common area bathroom where she had been toileting (copy obtained). B). A review of the Confidential document submitted to the Agency on at 04:34:01 PM documented it included that on Saturday, , , at approximately 6:15 PM, his caregiver realized she had not seen him since about 6:00 PM when she was cleaning the dining room and he was finishing up dinner, and began looking for him. When she did not easily locate him, she notified the med tech, who	A 025		

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A 025	Continued From page 4 did a quick search as well, then went out of the memory care and towards the front desk to ask if anyone had seen him - although as she was walking out, the concierge was on her way to memory care to report that the resident had by the front door of assisted living; the med tech printed out resident's sheet and medical list and gave to paramedics ...The concierge reported that the resident walked past the front desk and out to the front of the building "about 5 minutes or so" before the was reported. She did not recognize him and thought he was a family member .... (copy obtained). A review of Resident #2s facility file and documents revealed she was admitted to the facility on into the Memory Care Unit. A review of the Residents Health Assessment, AHCA Form 1823 (1823) dated documented her diagnosis as 's , ( ), , Non- . It also documented her Activities of Daily Living (ADL) as requiring Assistance with Ambulation, Bathing, Grooming and toileting. And Supervision with . Eating and Transfer. It further documented his diagnosis as Memory . A review of Resident #2s facility file and documents revealed he was admitted to the facility on into the Memory Care Unit. A review of Resident #2s Resident Health Assessment, AHCA Form 1823 (1823) dated documented his diagnosis as wit body, ( ). It also documented his Activities of Daily Living (ADL) as requiring Assistance with Bathing and . And Supervision in	A 025		

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A 025	Continued From page 5 Ambulation, ب, Eating, Grooming, Toileting, Transfer. It further documented his ب diagnosis as , Ax1 (Alert X1). Relative to Resident #2's elopement that occurred on this surveyor was provided with the following information during interviews: In an interview with Staff E on at 10:47 AM, she stated Resident #2 followed someone out of the MCU (didn't know who) which is the secured/locked unit at the facility. She stated they Resident wasn't hurt during the elopement and 911 wasn't called. She stated she was in a resident's room when the elopement happened, was informed of the elopement, and they went looking for her. In an interview with Staff D (Mercedes) on at 10:21 AM she stated she wasn't sure how she left the secured unit, left but she hasn't tried again. Observation of the MCU's exit/entry doors by this surveyor on revealed they are controlled by a maglock which requires a key fob to open. It was also observed to have an alarm system that produces a loud sound that can be heard throughout the MCU if opened without the key fob. Relative to Resident #3's elopement occurring on this surveyor was provided with the following: In an interview with Staff B, she stated in an interview with on at 9:41 AM that Resident #3 exited the MCU (which is the secured/locked unit at the facility), through the Southwest door located across from the West section dining/sitting area. Observation of the	A 025		

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A 025	Continued From page 6 door by this surveyor on revealed it is controlled by a maglock which requires a key fob to open. It was also observed to have an alarm system that produces a loud sound that can be heard throughout the MCU if opened without the key fob. She stated the Resident followed behind a kitchen staff member who was taking the hotbox to the kitchen. In an interview with Staff C on at 09:57 AM she stated Resident #3 left the MCU behind a new staff member in the kitchen that was taking the hotbox to the kitchen. She was not aware of the kitchen staff member that was involved in the incident. No other information was provided. In an interview with Staff D on at 10:21 AM she stated Resident #3 is always looking to leave but hasn't since the elopement. She stated the resident scrapped himself because he in the parking lot. (Observation of Resident #3 by this survey during the survey revealed he was wearing short pants revealing scrapes that were in the healing stages). In an interview with the Administrator, Staff A on at 3:31 PM she stated Resident #3 never left the property but was outside on the porch sitting and talking with AL Residents. She stated the resident's daughter drove up in her car and he went to stand up and in the driveway under the overhang (the covered area of the drop-off portion of the front driveway) where residents are picked up and dropped off. She stated they considered it an elopement because he left the secure area that he was supposed to be in. She further stated during the interview that a	A 025		

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A 025	Continued From page 7	A 025		

facility aide saw him around 6:00 PM in the MCU eating. Around 6:15 PM she stated she didn't see him. She stated the was called and around the same time he came walking out of the doors, stopped at the front desk, asked the young Concierge (Staff G) who was an intern at the front desk, if anyone had seen his car keys. She stated around 6:30 PM at she stated Anastasia presented somewhat apathetic. When the family member came out they asked her where he was and she said she wasn't sure who he was.

On the Administrator provided this surveyor with written statements from staff members (H and I) that were working in the MCU at the time of the elopement.

In the statement from Staff H dated it stated she was cleaning up the table where he was eating. He got up & I finished cleaning the rest of the tables. At 6:15 PM I began to do my rounds. I looked for (Resident #3) and could not find him. I told the med tech I could not find (Resident #3). She told everyone to look for him. Then we headr from AL (Assisted Living) caregiver (un-named) he was outside and had to go to the hospital.
In the statement from Staff I dated it stated she was tending to a Resident when I saw EMT outside. It was around 7:00 PM. After finishing with Resident I went to lobby and found out that (Resident #3) got out and he and got hurt. It futher stated the front desk attendant was (Staff G). She stated that she saw him walk out that she thought he was a family member leaving. Observation by this surveyor on of the Entry/Exit door located in the South section of the Memory Care Unit (MCU) across from the sitting/dining room area, revealed it is controlled by a maglock/keypad. There is a red "ALARM"

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A 025	Continued From page 8 box located in the top left corner of the door which makes a loud sound when the door is opened. The door opens to the road/garbage collection area. At 10:00 AM this surveyor opened the door, and it made a loud sound and has to be disarmed with a key (as demonstrated for this surveyor by Staff C). No additional information was provided during the survey. Class III	A 025		

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ZZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	ZZ830		

AHCA Form 3020-0001

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

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ZZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	ZZ830		

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ZZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to timely submit/or secure their Comprehensive Emergency Management Plan (CEMP) for review/approval from the local County Emergency Management Division. The findings include: In an interview with the Administrator on at 9:19 AM, she stated they had submitted their Comprehensive Emergency Management Plan (CEMP) which required some corrections. She stated the corrections were submitted, and that they are awaiting a response from the local County Emergency Management Division. This surveyor requested she provide any and all communication/submittals she had with the County Emergency Management Division. On the Administrator provided this surveyor with the invoice from the Palm Beach County Emergency Management Division dated , , , acknowledging their submittal (copy obtained). The Administrator also provided this surveyor with a screenshot of the profile from the Local County Emergency Management Division indicating the process started 17 months ago and was last updated 2 months ago (copy obtained). No other information was provided during the survey. Class III	ZZ830		

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