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 _____	03/30/2026

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 (#2025007386, #2025008412, #2025011145) and Generator Monitoring survey was conducted on [redacted] at Colonial Assisted Living At West Palm Beach FL. The facility had deficiencies related to the Relicensure and Complaint (#2025008412) at the time of the survey.	A 000		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND [redacted] ( ). 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, it was determined that, the facility failed to ensure that direct care staff obtained the required First Aid training for each shift 5 of 5 staff sampled (Staff	A 083		

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 _____	03/30/2026

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 083	Continued From page 1 A, B, C, D, and E). The findings included: During an interview on at approximately 10:00 AM, the Administrator was requested to provide employee files for Staff A, B, C, D and E. Record review of Staff A's (Administrator) file, hired on , revealed that her last First Aid training expired on . Record review of Staff B's (Wellness Director) file, hired on , revealed that her last First Aid training expired on . Record review of Staff C's (Resident Care Technician) file, hired on , revealed that she did not have First Aid training in her file. Record review of Staff D's (Resident Care Technician) file, hired on , revealed that her last First Aid training expired on Record review of Staff E's (Resident Care Technician/Activities Director) file, hired on , revealed that her last First Aid training expired on . During an interview on at approximately 1:00 PM with Staff K (Business Office Manager), she was asked to provide proof of another staff member on each shift who had up-to- date First Aid training. During an interview on at approximately 3:30 PM, the Surveyor met with the Administrator and Staff K, and they were both	A 083		

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 _____	03/30/2026

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 083	Continued From page 2 informed of the findings. At that time, Staff K confirmed that Staff A, B, C, D, and E, as well as other direct care staff members on the first, second, and third shifts, did not have First Aid training. No additional documentation was provided. Class III	A 083		
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	A 152		

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 _____	03/30/2026

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 152	Continued From page 3 keys to resident bedrooms to be used in the event of an emergency. (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 observations and interviews, the facility failed to provide a safe, clean and decent living environment free of safety hazards for residents that reside at the facility. The findings included: During a tour of the facility on between 8:40 AM and 3:00 PM the following concerns were noted by the surveyors. Observation on at 8:50 AM located on the 4th floor in (shared room) had a foul order (soiled chuck pads on the bed). Observation on at 9:00AM found located on the 3rd floor in , a private occupancy room with a full private bathroom, several areas of the walls both in the room and in the bathroom were observations of paint peeling off all the walls in the bathroom. Additional observations found the bathroom light fixture had broken areas on it and the light bulbs were unkept and appeared to have a rust like substance on them, the flooring, baseboards, and wall around the toilet appeared to be damaged, unkept ,	A 152		

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 _____	03/30/2026

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 152	Continued From page 4 Observations on at 9:00 AM found located on the 3rd floor in yellow stained ceiling tiles with black moldlike substance on them. Observation on at 9:15 AM found located on the 3rd floor found in the hallways and corridors the carpet was discolored, faded, with dark stains. Additional observations of the carpet on the 3rd floor hallways corridor revealed damaged areas on the carpet had become from the hard floor beneath, creating an uneven floor a risk . hazard hallways Observation on at 9:30 AM found located on the 3rd floor in the damaged walls on the right and left of the toilet , Observations of the damaged dry wall behind the toilet revealed approximately a five-inch hole in the dry wall. Observation on at 9:30 AM found there were 3 missing ceiling tiles above a HVAC mini spilt unit located the common hallway corridor on the third floor. Additional observations of the wall below the mini split unit peeling paint and damaged drywall Observations made during the facility tour a 9:45 AM on noted the residents' common shower located in the corridor of the 3rd floor to have an unsecured sink faucet On at approximately 3:45 PM, during an interview with the Administrator, she was informed of the findings and acknowledged them. Class III	A 152		