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 _____	04/01/2026

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 An unannounced Relicensure, Complaint (#2026002045 & #2026005095) and Generator Monitoring survey was conducted from through at Colonial Assisted Living At Palm Beach LLC. The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1	A 030		

telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and
, ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there

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A 030	Continued From page 2 must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or	A 030		

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A 030	Continued From page 3	A 030		

attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the

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A 030	Continued From page 4 resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (i) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a	A 030		

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A 030	Continued From page 5 resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain a safe and decent living environment by not identifying or , a severe cockroach infestation in the shared room of two , residents (Residents #5 and #6). As a result, both residents were exposed to live roaches, insect droppings, egg casings, and unsanitary bedding conditions	A 030		

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A 030	Continued From page 6 until the Agency intervened. The findings included: During a tour of the facility on at 09:45AM, Residents #5 and #6 were observed in their shared room. Resident #5 was seated in his wheelchair next to his bed, with his , positioned beside the chair. His mattress had no sheets and was covered in multiple brown stains. Resident #6 was lying in a position near the edge of his bed on -stained sheets. Both residents were wearing soiled clothing and appeared ungroomed. During an interview with Resident #6 on at 10:15AM, he stated that his room was "full of roaches," which crawl up the wall-side of his bed daily. He stated that staff were aware of the issue but did not assist him out of bed to escape the infestation. He further stated that he had reported the issue to multiple staff members but no corrective action had been taken. He confirmed that he is unable to get out of bed without staff assistance. During an interview with Staff G (Housekeeping Director) on at 10:15AM, she stated that her staff changed sheets daily and cleaned rooms twice weekly, and that some rooms were cleaned daily based on need. Due to concerns about a possible facility-wide cockroach infestation, the Agency contacted the local health department to further assess the situation. On at 10:35AM, during a tour with the local health department, the Agency requested that Resident #6 be transferred out of	A 030		

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A 030	Continued From page 7 his bed to allow inspection of the mattress. After the resident was removed, the following were observed: a) One live roach crawling on the wall near Resident #6 ' s bed b) Two small live roaches crawling on Resident #6 ' s -stained top sheet c) One large roach egg casing under Resident #6 ' s fitted sheet d) A trail of roach droppings extending from the area in front of Resident #6 ' s bed up to the partition ceiling wall e) Two roaches in the bathroom shared by both residents f) Several roaches (five or more) on Resident #5 ' s shelf where hats and undergarments were stored g) Two live roaches between Resident #5 ' s mattress and box spring h) One live roach crawling on the ceiling above Resident #5 ' s bed A review of Resident #6 ' s file revealed an admission date of . A Resident Health Assessment dated documented diagnoses of Due to Occlusion or ( ), , and Prostatic Hyperplasia. He was wheelchair-bound and required assistance with all activities of daily living except eating. He was also receiving hospice services, indicating a high level of vulnerability and dependence on staff. A review of Resident #5 ' s file revealed an admission date of . A Resident Health Assessment dated documented diagnoses of , , and Dependence on Supplemental . He was noted to have a	A 030		

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A 030	Continued From page 8 left below- , and required a , and human assistance to ambulate. He was documented as a risk and required assistance with ambulation and toileting. There was no documentation in either resident ' s record showing that staff had observed the residents or provided any ADL care. There was also no documentation of the insect infestation. After the Agency intervened, both residents were showered and relocated to another room. During an interview with the Administrator and the Health and Wellness Director on at 5:00PM, they were notified that the facility failed to ensure the safety and well-being of Residents #5 and #6, who were residing in a roach-infested room and required staff assistance. Class III	A 030		
A 075	429.255( ) FS Use of Personnel; Emergency Care ( ) (3)(a) An assisted living facility licensed under this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2)(b). (b) The facility is encouraged to register the location of each automated external defibrillator with a local emergency medical services medical director. (c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility. (4) Facility staff may withhold or withdraw , , or the use of an automated external defibrillator if presented with	A 075		

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A 075	Continued From page 9 an order not to executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Facility staff and facilities may not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing , , or use of an automated external defibrillator pursuant to such an order and rules adopted by the agency. The absence of an order not to executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing , , or use of an automated external defibrillator as otherwise permitted by law. (5) The agency may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure it had a functioning automated external defibrillator ( ) on the premises at all times. The findings included: During a tour of the facility on at 9:00AM, the facility's device was observed in the hallway near the entrance to the facility's memory care unit. Upon further review, the pads on the device had expired on . During an interview with Staff F (Director of Quality Assurance) on at 9:10AM, she was notified that the facility's device had expired pads. When asked if this was the only device on the premises, she stated yes.	A 075		

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A 075	Continued From page 10 Class III	A 075		
A 082	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. 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 within 30 days of employment staff obtained required training for / (/) for 1 out of 5 staff samples (Staff C). The findings included: Record review of Staff C's file(Caregiver), hired on revealed the file lacked evidence of / training in her file. During an interview on at approximately 5:00 PM with Staff F (Director of Quality Assurance), she confirmed Staff C did not have / training in her file. Class III	A 082		

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A 152	Continued From page 11	A 152		
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 ˬ 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. (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	A 152		

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A 152	Continued From page 12 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 and between 8:40 AM and 3:00 PM the following concerns were noted in the Assisted Living (AL) and Memory Care Unit (MCU) Photo evidence was obtained. Memory Care Unit Tour was conducted with Staff I (MCU - Medication Technician Supervisor) Observation on at approximately 9:15 AM, electrical outlet was exposed (missing wall covering), and the floor was dirty and sticky. Observation on at 9:19 AM, was missing blinds, resulting in a lack of privacy. The window had a view of the courtyard. The floor was slippery and dirty. Observation on at 9:23 AM had stains like on the wall near closet. The closet light fixture was not working and the room was dirty. Observation on at 9:36 AM the closet door was from its hinges and could not be opened or closed. The gray sofa had feces-like stains and the room floor was dirty.	A 152		

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A 152	Continued From page 13 Observation on at 9:41 AM -private, there were live pests in the bathroom, electrical wall covering was cracked, exposed outlet underneath and room floor was dirty. Observation on at 9:48 AM , the Packaged Air Conditioner (PTAC) located below the window, showed bubbled paint with brown stains. The room floor was dirty. Observation on at 9:55 AM , near the corner close to the PTAC, the floor had pests, cobwebs, and was dirty. Observation on at 10:11 , had cobwebs, small live spiders, and a dirty floor inside the closet. Near the resident's bed, in the corner, there were pests and spider webs. Observation on at 11:43AM found seven live roaches, and five to ten roaches in resident # , located on the first floor Observation on at 12:00PM found live roaches in resident rooms (150,142,142) located on the first floor Observation on at approximately 12:15PM during tour on the 1st floor found an unkept 2-seater sofa couch that was missing a seat cushion, had black color stains on the , and . Additional observation of the sofa couch revealed various unknown debris and dust in the bottom cushion area and all over the sides of the sofa couch. During an interview on at approximately 5:00 PM, team of surveyors met with the Administrator, Health and Wellness	A 152		

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 _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 152	Continued From page 14 Director and they were both informed of the findings mentioned above. Class III	A 152		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C.,	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 161	Continued From page 15 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a staff member have a job description on file for 1 out of 5 staff samples (Staff C). The findings included: During an interview on at approximately 9:00 AM, the Administrator was requested to provide an employee file for Staff C (Caregiver). Record review of Staff C's file, hired on revealed that she did not have a job description in her file. During an interview on at approximately 5:00 PM with Staff F (Director of Quality Assurance), she confirmed Staff C did not	A 161		

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
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A 161	Continued From page 16 have a job description in her file. Class	A 161		