STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967813	**01/14/2019**
NAME OF PROVIDER OR SUPPLIER **CASSIE'S CASTLE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **117 BARCELONA DRIVE** **ROYAL PALM BEACH, FL 33411**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

AMENDED REPORT

An unannounced licensure complaint survey, CCR #2018018575, commenced on . . . . . and concluded on . . . . . at Cassie's Castle II, License #11780. The facility had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, it was determined that the facility failed to ensure that a resident was reassessed (-to-) by a healthcare provider upon signficant health/mental changes (decline) and/or at least every three years after the initial assessment; and that the results are documented on a new Resident Health Assessment form (AHCA form 1823) to ensure that the resident met the criteria for continued residency and that the facility was capable of providing all physican order care needs, 2 of 5 sampled residents (Resident#1 and Resident#2).

The Findings Included:

1) During an interview with the Administrator on at approximately,the Administrator and Owner stated, it was observed that Resident#1 was not swallowing her medication and was holding them in her (No specific timeline of events provided). Over the next couple days, the Administrator stated it was taking the resident longer than usual to eat her food, and she refused to allow anyone to assist her with eating. The Administrator stated on , the Owner contacted the Power of Attorney and discussed possible Hospice consult due to her mother's health decline , not eating right, and possible difficulty swallowing, as she was holding her medications in her and taking a very long time to eat. He did give any information as to if the Hospice Consult was excepted. Further review of Resident#1's observation notes revealed an entry dated , that documented the resident was noticed not being able to swallow. Power of Attorney (POA) was informed and Hospice was introduced. The residents primary care physician was also notified. On a entry was made that the resident meals were being pureed and medications were being crushed until she was seen by the primary care physician (no date given). On , there was an entry stating Resident#1 when trying to get up on her own and was taken to the hospital.

Record review of Resident's#1's file and medical examination dated . . . . . revealed the resident had a medical history of , ( ) with , hemispheric rue. The resident had been transported to the hospital on . . . . . for . . . . . Further review of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967813	01/14/2019
NAME OF PROVIDER OR SUPPLIER **CASSIE'S CASTLE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **117 BARCELONA DRIVE** **ROYAL PALM BEACH, FL 33411**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Resident#1's file and observation notes provided no documentation of any Hospice referrals or consults. Further review revealed no documentation that Resident#1 received any type of follow-up regarding not being able to adequately swallow prior to the resident falling on and being transported to the hospital. The resident was at the facility for 4 days without being assessed by a healthcare provider to address not being able to swallow meals an medication.

2) On at approximately 1:35PM, a record review was completed for Resident#2 and revealed, Resident#2 was admitted to the facility on and a initial Agency for Healthcare Administration Health Assessment (AHCA Form 18230) which was completed on the admission date. Further review revealed Resident#2's ACHA Form 1823 expired on and a new -to exam had not been completed by a healthcare professional.

During an interview with the Administrator and Owner at approximately 3:30PM, they acknowledged the findings fans provided no additional documentation for review.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review and interview, the facility failed to ensure that resident were recorded semi-annually for residents receiving assistance with Activities of Daily Living, for 2 of 5 sampled residents (Resident#5 and #6).

The Findings Included:

On at approximately 1:00PM, the resident records were reviewed and revealed Resident#5 Admission date and Resident#6 admission date did not have a log on file. Further review revealed Resident#5 and Resident#6 are currently receiving Hospice care and assistance with all ADL's.

During a interview with the Administrator at approximately 2:30PM, she stated the residents are receiving Hospice care and Hospice do the and they are not recorded in the residents file. She acknowledged the findings and provided no additional documentation for review.

Class

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967813	**01/14/2019**
NAME OF PROVIDER OR SUPPLIER **CASSIE'S CASTLE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **117 BARCELONA DRIVE ROYAL PALM BEACH, FL 33411**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on record review and interview, the facility failed to ensure that all residentst had a physicians order to crush medications for 1 of 5 sampled residents (Resident#1).

The Findings Included:

Durign an interview with the Administrator on at approimately 1:00PM, the Administrator and Owner stated , it was observed that Resident#1 was not swallowing her medication and was holding them in her (no specific timeline of events provided). Over the next couple days, the Administrator stated it was taking the resident longer than usual to eat her food, and she refused to allow anyone to assit her with eating. Further review revealed on , a entry was made in the resident observation notes that the resident's meals were being pureed and medications were being crused until she was seen by the primary care physician (no date on file). At this time, there was no doctor order on file to crush medications. A review of Resident#1's Medication Observation Record (MOR) revealed no crush medication orders documented on the MOR's.

On at approximately 2:00PM, the Administrator verified the facility made the decision to crush Resident#1's medication without a doctor's order. She acknowledged the findings and provided no additional documentation for review.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on record review and interview, the facility failed to ensure therapeutic diets were followed as ordered by the health care provider for 1 of 5 sampled residents (Resident #1).

The Findings Included:

On at approximately 11:00AM, a review of Resident#1's Agency for Healthcare Administration Health Assessment (AHCA Form 1823) dated was reviewed and revealed Resident#1's diet order was Puree. Further review of Residents#1's file revealed the Pureed diet order had not been changed by the physician.

On at approximately 12:10PM, spoke to Resident#1's daughter who stated her mother has been on a pureed diet since her admission to the facility and she is not aware of any diet changes.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967813	**01/14/2019**
NAME OF PROVIDER OR SUPPLIER **CASSIE'S CASTLE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **117 BARCELONA DRIVE** **ROYAL PALM BEACH, FL 33411**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On at 12:45AM during an interview with the Administrator, she verified the diet order for Resident#1 was puree on admission. Per the Administrator, the daughter's POA's requested the facility give the resident mechanical soft food instead of puree, due to the consistency of the puree and her inability to hold the pureed food in her . The physician was not consulted and a diet change order was not received.

On at approximately 3:40PM, the Administrator acknowledged the findings and provided no additional documentation for review.

Class III