STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	**02/26/2019**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT WEST PALM BEACH FL**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 DATURA STREET WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

An unannounced licensure Spot Check Monitoring survey was conducted on at Colonial Assisted living at West Palm Beach FL, License #7617. The facility had deficiencies identified at the time of the survey.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on observation, record review and interview, the facility failed to ensure that 1 out of 2 sampled unlicensed staff members (Staff C) who provided assistance with self-administration of medication had successfully completed the additional 2 hours in continuing education training effective (new rule) on providing assistance with self-administered medications and safe medication practices in an ALF. (Staff C)

The findings include:

An employee record review conducted on , for the (2) Med Techs assisting with self-administration of medication observed by representatives of the Department of Health and Attorney General Office on at 10:10 AM. A focus employee record review of Staff B and C for documentation of training in "providing assistance with self-administered medications and safe medication practices in an ALF". There was no documentation of the additional (2) two hour training conducted by a Pharmacist or Registered Nurse (RN) present in the Staff C file for this unlicensed resident aide who provided assistance with self-administration of medication to residents effective .

Staff C was hired as a med tech with a date of with an initial (4) four-hour medication course dated and the last (2) two hour update on ; and no additional (2) two hour update effective .

During an interview with the Administrator, on at 2:00 PM, she confirmed the findings of Staff C has not received the additional (2) two hour medication course focusing on additional responsibilities such as , , , and , and no further information provided.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	02/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL ASSISTED LIVING AT WEST PALM BEACH FL	**534 DATURA STREET WEST PALM BEACH, FL 33401**

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

Based on record review and interview, the facility failed to maintain a current Comprehensive Emergency Management Plan (CEMP) approval.

The findings include:

On [redacted] at approximately 11:30PM, the facility approved CEMP was requested for review. At this time, the Assistant Administartor stated the facility does not have an approved CEMP on file. A review of the facilities last approved CEMP was dated [redacted]. The last approved CEMP was valid through [redacted] and the recommended submittal was [redacted]. Further review revealed on [redacted], a Second Revision was submitted for review and on [redacted] was rejected. On [redacted] at 1:25PM, during an interview with the local Emergency Mangement Agency representative, it was revealed the facility submitted a 3rd CEMP Revision on [redacted] that is pending review. At this time the facility does not have an approved CEMP on file.

On [redacted] at approximately 2:45PM, during an interview with the Administrator, Resident Care Director , and the facility Consultant, the findings were acknowledged and there were no additional documents provided for review.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to submit a Enviromental Emergency Control Plan (EECP) to the local emergency management agency for review and approval.

The findings Include:

On [redacted] at approximately 112:00PM, the facility approved EECP was requested. The facility was unable to provide an approved EECP plan. On [redacted] at 1:26PM during an interview with the local emergency management agency representative, it was revealed the facility submitted the initial EECP for review and approval on [redacted]. The initial plan was rejected and there has not been a revision submitted as of [redacted]. At this time the facility does not have a approved EECP.

During an interview on [redacted] at approximately 2:45PM, with the Administrator, Assistnat Administrator, Resident Care Dorector, and consultant, they acknowledged the findings and provided no additional documentation for review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	**02/26/2019**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT WEST PALM BEACH FL**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 DATURA STREET** **WEST PALM BEACH, FL 33401**	

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

Class III