STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967813	R 04/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASSIE'S CASTLE II	**117 BARCELONA DRIVE** **ROYAL PALM BEACH, FL 33411**

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

0000 - Initial Comments

An unannounced revisit to licensure complaint, CCR #2018018575 was conducted on . . . . . at Cassie Castle II (Lic#10900) . The facility had an uncorrected deficiency identified at the time of the survey, an additional deficient practice was also identified.

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

Based on record review and interview, the facility failed to ensure that all residents received a . . .-to exam by a healthcare provider and documented on the Agency for Healthcare Administration Health Assesement (AHCA Form 1823) at least every three years after the initial assessment, for 2 of 5 sampled residents (Resident#3 and Resident#5).

The Findings Included:

a) On at 11:00AM, a record review for Resident#3 revealed the the resident was admitted to the facility on and most current AHCA Form 1823 was dated . Further review revealed the resident was Admitted to Hopsice upon her last health assessment update . The AHCA form 1823 documents the residents medical history as Hypertention, Dyslipidemia, , and Accident. The resident requires assistance with all ADL's and uses a walker and wheelchair. The resident receives assistance with self administration of medication. On . . . . . at 9:00AM the resident was observed being provided care consistent with the AHCa Form 1823. At this time, the Administrator was provided an opportunity to locate a current AHCA form 1823 for Resident #5.

b) On . . . . . at 11:10AM, a record review for Resident#5 revealed the resident was admitted to the facility on and the most current AHCA Form 1823 was dated . Further review revealed the resident medical history is . . . . . , ... , , ... and she uses a wheelchair. The resident is alert with and she requires assistance with self administration of medication. The resident also receives assistance with ambulation and bathing, and she is supervised with , grooming, toileting, and transfer. On at 9:00AM Resident#5 was observed and the care received was consistent with the ACHA Form 1823. At this time, the Administrator was provided an opportunity to locate a current AHCA form 1823 for Resident #5.

During an interview with Administrator on at 10:30AM, she acknowledged the findings and provided no additional documentation for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967813	R **04/05/2019**
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)

Uncorrected

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to ensure that the required amount of fuel was stored at the facility to support the facilities emergency powered source in case of a powered outage.

The Findings Included:

On , the facility EECP plan that was submitted for approval was reviewed, and revealed the facility received a variance extension until . The facility has an portable generator in place as a alternate power source until the EECP plan is approved. The Administrator was asked how much fuel she had stored on site, she stated no fuel is stored as it was used. At 10:15AM the facility's alternate power was observed and no fuel was observed at this time.

During an interview with the Administrator and Owner at 10:20AM, they acknowledged the findings.

Class III