

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968825	(X3) DATE SURVEY COMPLETED R 01/25/2017
NAME OF PROVIDER OR SUPPLIER CRISTAL PALACE RESORT PB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1881 PALM BAY RD NE PALM BAY, FL 32905	

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

0000 - Initial Comments

A follow-up visit to a complaint visit (CCR 2016009950) was conducted on // and // . Cristal Palace Resort PB LLC, license #12660, had an uncorrected deficiency at the time of the visit.

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110, FAC

DEFICIENCY REMAINED UNCORRECTED

Based on interview and record review, the facility failed to submit a Day 15 Adverse Incident Report or conduct an investigation related to the elopement of a day care client in their care (#8).

Findings:

On // a review of the facility adverse incident, report binder revealed only a one-day adverse incident report, dated // regarding Resident #8's elopement. There was no evidence the facility had submitted a Day 15 Adverse Incident report to the agency.

On // at 10:40 a.m., the manager and the director of nursing stated the facility had not admitted any day care participant at this time.

On // at 5:30 p.m., the manager stated she had not submitted an adverse incident report to the agency regarding Resident #8.

Unclassified



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Cristal Palace Resort PB LLC
1881 Palm Bay Rd NE
Palm Bay, FL 32905

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2017 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa Decanio, RN
Field Office Manager

TDC:clr
Enclosure

