

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968825	(X3) DATE SURVEY COMPLETED R 12/05/2018
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 fourth revisit to complaint investigation #2016009950 was conducted on and Cristal Palace Resort PB, LLC. License #12660, had a deficiency at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on incident report review and interview the facility failed to submit an adverse incident report as required pursuant to Sections 429.23(3) and (4), F.S. and Rule 58A-5.0241, F.A.C. for 3 of 3 sampled residents (#8, 30, 31)

Findings:

The administrator was asked on to provide the adverse incidents reports for the facility. They were provided for review on at 3:30 PM.

1) Resident #8 was previously cited in complaint investigation 2016009950 on The reason for the adverse report was related to a police investigation conducted for missing Upon revisit on there were no Day 1 or Day 15 adverse reports available for review. The most recent date of correction for this citation was Review of the adverse incident report for resident #8 revealed it was created and submitted on at 2:55PM. On at 12:41PM, the Agency requested additional information. On at 2:23PM, the facility resubmitted the report. On at 2:43PM, the Agency requested additional information. On at 2:30 PM the facility resubmitted the report and provided a copy to the surveyors for review.

2) Resident #30 was cited in complaint investigation #2016007263 on The reason for the adverse report was related to a police investigation conducted for missing two cards of Upon revisit on there were no Day 1 or Day 15 adverse reports available for review. The most recent date of correction for this citation was Review of the adverse incident report for resident #30 revealed it was created and submitted on at 3:27PM. On at 12:42PM, the Agency requested additional information. On at 2:20PM, the facility resubmitted the report. On at 2:41PM, the Agency requested additional information. On at 2:32 PM the facility resubmitted the report and provided a copy to the surveyors for review.

3) Resident # 31 was previously cited in complaint investigation 2016009950 on The reason for

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the adverse report was related to a resident elopement. Upon revisits on [redacted] and [redacted] there were no Day 1 or Day 15 adverse reports available for review. The most recent date of correction for this citation was [redacted]. Review of the adverse incident report for resident #31 revealed it was created and submitted on [redacted] at 2:08PM. On [redacted] at 12:36PM, the Agency requested additional information. On [redacted] at 2:46PM, the facility resubmitted the report. On [redacted] at 3:14PM, the Agency requested additional information. On [redacted] at 2:18 PM the facility resubmitted the report and provided a copy to the surveyors for review.

On [redacted] at 3:30 PM, the administrator confirmed he had submitted all of the information he had available on [redacted] and was waiting for the Agency to accept the report.

Unclassified