Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11968596 | A. BUILDING: _____ B. WING _____ | 08/19/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| OASIS AT BOYNTON BEACH ASSISTED LIVING | 1708 NE 4TH STREET BOYNTON BEACH, FL 33435 |

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| A 000 | Initial Comments<br><br>An unannounced Change of Ownership (CHOW), bed capacity increase (from 90 to 102 beds) and Generator Monitoring survey was conducted on [redacted] and [redacted] at Oasis at Boynton Beach Assisted Living. The facility had deficiencies identified related to the CHOW and Generator Monitoring survey. Additionally, the bed capacity increase is denied at this time. | A 000 | | |
| A 152 | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [redacted] to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, [redacted] or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate | A 152 | | |

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| A 152 | Continued From page 1<br><br>keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, it was determined the facility failed to ensure a safe living environment free of hazard in order to accommodate a requested 12-bed capacity increase.<br><br>The findings included:<br><br>During a tour conducted on at 10:30 AM accompanied by the Administrator, 6 rooms were observed that were designated to become future resident rooms to accommodate the 12-bed capacity increase requested. Each of the 6 rooms were observed in total disarray and were fully furnished with office equipment, chairs, desks, computers, medical equipment and storage boxes. The 6 rooms were not observed to have beds or provide personal item storage in order to accommodate residents living in these rooms in a safe and comfortable environment.<br><br>During an interview conducted with the Administrator on at 2:15 PM, the issues were discussed, and she acknowledged the 6 rooms were not physically ready to accommodate residents.<br><br>Class III | A 152 | | |

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| A 165 | 429.23( & ) FS Risk Mgmt & QA<br><br>429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.-<br>(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.<br>(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:<br>(a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:<br>1. ;<br>2. or , damage;<br>3. Permanent ;<br>4. or of bones or joints;<br>5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;<br>6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or<br>7. An event that is reported to law enforcement or its personnel for investigation; or<br>(b) Resident elopement, if the elopement places the resident at risk of harm or injury.<br>(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if | A 165 | | |

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| A 165 | Continued From page 3<br>the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.<br>(4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.<br>(6) . . . . . , neglect, or . . . . . must be reported to the Department of Children and Families as required under chapter 415.<br>(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.<br>(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action | A 165 | | |

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| A 165 | Continued From page 4<br>by the appropriate board, the agency shall report this fact to such regulatory board.<br>(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.<br>(10) The agency may adopt rules necessary to administer this section.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to submit the required Adverse Incident Report documentation to the Agency for Health Care Administration (AHCA) per the required time frames for 2 of 2 sampled residents who sustained adverse incidents, specifically for Resident #1 who suffered a right , and Resident #2 who suffered a right .<br><br>The findings included:<br><br>On at 9:50 AM, an interview was conducted with the Administrator who stated 2 facility residents are out to the hospital after sustaining resulting in .<br><br>Review of the facility's investigative report revealed that on Resident #1 was found on the floor and complained of right-side , , and was subsequently transferred to the hospital via 911 services.<br><br>Review of the facility's investigative report revealed that on Resident #2 was observed on the floor and complained of right | A 165 | | |

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| A 165 | Continued From page 5<br><br>and was subsequently transferred to the hospital via 911 services.<br><br>On at 11:00 AM, an interview conducted with Staff V revealed that a call was made to check on Resident #1 who was currently in the hospital with a diagnosis of right , sustained from the at the facility. A follow up call was made about Resident #2 who was also still in the hospital from the at the facility with a diagnosis of a right . Staff V stated she was just checking on Resident #1 and Resident #2 and did not document these findings in the resident's charts.<br><br>During an interview conducted with the Administrator on at 1:23 PM, who stated she was the Wellness Director at the time of the incidents involving Resident #1 and Resident #2, acknowledged that Adverse Incident Reports were not completed or submitted to AHCA by the previous Administrator. She confirmed at that time she was hired as the Wellness Director and completed both investigative reports for Resident #1 and Resident #2. She further stated they both sustained from their and are currently in the hospital. She further stated due to the change of ownership, she could not produce any documentation and that they are working on trying to retrieve the documents.<br><br>Class III | A 165 | | |

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| CZ814 | 435.12(2)(b-d), FS Background Screening Clearinghouse<br><br>435.12 Care Provider Background Screening Clearinghouse.-<br>(2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.<br>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.<br>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse Roster for employment status within 10 business days for 18 out of 22 staff members, Staff D through Staff U, who no longer are employed at the facility. | CZ814 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| CZ814 | Continued From page 1<br><br>The findings included:<br><br>On the staffing schedule for was compared to the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster. The Roster revealed that the facility did not record the end date of employment for the following employees:<br>1. Staff D hire date of Controlling Interest.<br>2. Staff E hire date of Home Health Aide.<br>3. Staff F hire date of Licensed Health Care Professional.<br>4. Staff G hire date of Employee/Staff Person.<br>5. Staff H hire date of Other Licensed Health Care Professional.<br>6. Staff I hire date of Controlling Interest.<br>7. Staff J hire date of Medication Technician<br>8. Staff K hire date of Other Licensed Health Care Professional<br>9. Staff L hire date of Dietary Staff<br>10. Staff M hire date of Other Licensed Health Care Professional<br>11. Staff N hire date of /022 Employee/Staff Person<br>12. Staff O hire date of Employee/Staff Person<br>13. Staff P hire date of Employee/Staff Person<br>14. Staff Q hire date of Employee/Staff Person<br>15. Staff R hire date of Licensed Nurse<br>16. Staff S hire date of Employee/Staff | CZ814 | | |

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| CZ814 | Continued From page 2<br><br>17. Staff T hire date of . . . . . Dietary Staff<br>18. Staff U hire date of . Maintenance Staff<br><br>In an interview conducted with the Administrator on at approximately 11:50 AM, a side by side review of the facility Background Screening Clearinghouse Roster was conducted. The Administrator acknowledged these staff members are no longer employees at the facility and did not have an end date entered into the Roster.<br><br>Unclassified | CZ814 | | |
| CZ830 | 408.821 FS Emergency Management Planning<br><br>408.821 Emergency management planning; emergency operations; inactive license.-<br>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:<br>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.<br>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.<br>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.<br>(d) Notify the agency within 30 days after | CZ830 | | |

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| CZ830 | Continued From page 3<br><br>approval of its plan by the local emergency management agency, county health department, or Department of Health.<br>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.<br>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:<br>1. Suffered damage to its operation during the state of emergency.<br>2. Is currently licensed.<br>3. Does not have a provisional license.<br>4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.<br>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency | CZ830 | | |

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| CZ830 | Continued From page 4<br><br>approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.<br><br>(4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, it was determined the facility failed to ensure that it's Comprehensive Emergency Management Plan (CEMP) and the Emergency Environmental Control Plan (EECP) has been submitted for review and approval within 30 days after a Change of Ownership to the County Division of Emergency Management.<br><br>The findings included:<br><br>During an interview conducted with the Administrator on . . . . . at 10:25 AM, the facility's CEMP and EECP approval letter and/or proof of their most recent submission for review by the local County Emergency Management Division was requested. On . . . . . the Administrator provided the latest CEMP approval | CZ830 | | |

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| CZ830 | Continued From page 5<br><br>letter dated . . . . . from the previous owner. The EECP letter dated , was also from the previous owner.<br><br>During an interview on . . . . . at approximately 11:55 AM, conducted with the Administrator, she stated the CEMP and EECP have not been resubmitted under the new ownership and that she will follow up with the new owners. The Administrator stated the facility change of ownership took place in . . . . . . The Administrator was unable to locate any documentation to show that a new CEMP and EECP reflecting the change of ownership were in process and acknowledged the findings.<br><br>Class III | CZ830 | | |