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 _____	R 03/16/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to the Change of Ownership (CHOW) and Generator Monitoring survey was conducted on at Oasis At Boynton Beach Assisted Living. The facility had uncorrected deficiencies and a new deficiency identified related to the Change of Ownership and Generator Monitoring survey at the time of the visit.	{A 000}		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food	A 093		

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A 093	Continued From page 1 according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must	A 093		

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A 093	Continued From page 2 be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the nutritional	A 093		

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A 093	Continued From page 3 needs of the residents were met. The following nutritional requirements were not met: A. Planned menus must be conspicuously posted or easily available to the residents. B. Menu items may be substituted with items of comparable nutritional value. (Specifically, Resident's #) The findings included: On at 12:23 PM an observation was made of the Lunch menu. The following menu items were observed: 1. Sirloin Beef with Mashed Potatoes,and broccoli. 2. Hamburger or Cheeseburger with lettuce, tomatoes and soup. (Alternative Menu). On . . . . a review of the menu cycle for Cycle # was conducted. The following menu was recommended by the facility's Dietician: #1--(1 cup) Baked Ziti with (4 oz) Beef & Cheese, (cup) Peas & Carrots, (cup) Gelatin, (8 oz) Beverage/Water #2--(4 oz) Chicken, (1 cup) Mashed Potato, (cup) Peas & Carrots, (. . . cup) Pineapples, (8 oz) Beverage/Water #3-(4 oz) Chicken Alfredo, (1 cup) Fettuccine Pasta, (cup) Vegetables, (cup) Pineapples, (8 oz) Beverage/Water #4-(4 oz) Baked Ham, (1 cup) Sweet Potatoes, (. cup) Cabbage, (. . . cup) Applesauce, (8 oz) Beverage/Water A review of the Alternate Menu was conducted. The following menu was recommended by the facility's Dietician:	A 093		

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A 093	Continued From page 4 The following food item may be substituted as the main entree at Lunch or Dinner for Variation: (3 oz) Lean Hamburger of Hot Dog (on with cup Baked Fries). A review of the menu cycle # revealed that the items that were substituted were not reflected on the menu. During an interview with the Cook at approximately 12:30 PM on , she confirmed that she had not followed the menu and confirmed she was not following it daily per the approved Dietician Menu. On at 2:30 PM an interview was conducted with the Administrator and she stated once the order inventory is used up in 2 weeks they will start using the facility's Dietician Menu. The Administrator stated, she was aware of the Cook not following the menu. The administrator acknowledged the findings. Class III	A 093		
{CZ830}	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (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:	{CZ830}		

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{CZ830}	Continued From page 5 (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. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (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. (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: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period	{CZ830}		

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{CZ830}	Continued From page 6 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 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. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit the Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval on an annual basis, as required. The findings included:	{CZ830}		

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{CZ830}	Continued From page 7 Upon request, during an interview, conducted on . . . . . at 2:30PM and on . . . . . at 2:00PM the Administrator provided a copy of the most recent CEMP approval letter from the local emergency management agency, dated . . . . . with an approval through . . . . . . The letter further explained that the next plan review date was . . . . . . On . . . . . at 2:30PM and on . . . . . at 2:00PM,during a further interview, conducted with the Administrator, it was reported that she had not submitted the 2022 CEMP to the local emergency management agency, as of the day of the revisit survey. Therefore, the facility was unable to provide evidence that the CEMP was submitted annually to the local Emergency Management Division as required. During an interview with the Administrator on at 2:35PM and on at 2:00 PM, she acknowledged the findings, and no additional information was provided. Upon review of an email correspondence from a representative of the local emergency management agency dated , it was confirmed that the last CEMP submission to the county was under the previous name of the facility on . . . . . . This plan was approved on and expired on ; and the EECP was approved on . . . . . No additional information was provided from the local emergency management agency.	{CZ830}		