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
	AL11969358	A. BUILDING: _____ B. WING _____	R 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE-LANTANA	1021 RIDGE RD LANTANA, FL 33462

(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 An unannounced Revisit survey to Licensure Complaint (#2023012840) was conducted on 11/21/2023 and concluded on 11/30/2023 at Banyan Place - Lantana. The facility had an uncorrected deficiency identified at the time of the survey.	{A 000}		
{A 092}	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the	{A 092}		

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
	AL11969358	A. BUILDING: _____ B. WING _____	R 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE-LANTANA	1021 RIDGE RD LANTANA, FL 33462

(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 092}	Continued From page 1 resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to purchase and install a commercial grade stove in order to have the ability to provide onsite food cooking for their residents in lieu of out the preparation and cooking of meals necessitating the delivery of the lunch and dinner meals. The findings included: During a revisit survey conducted at the facility on this surveyor toured the facility's kitchen and did not observe the presence of a stove. Observation of the southwest wall of the kitchen revealed a metal preparation/serving table under the hood-vent where the previous stove(s) had been located. In a telephone interview conducted with the Administrator on at 11:54 AM she stated the Fire Marshall from the local Fire Rescue department charged with conducting inspections for the area where the facility is located, came to the facility (date not provided) and would not sign-off on their Fire Plan approval until they removed the residential stove that was present in the facility's kitchen. And that they were also informed that the facility must have commercial stoves to prepare food. This surveyor requested documentation of the directive, and she stated she would forward it.	{A 092}		

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
	AL11969358	A. BUILDING: _____ B. WING _____	R 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE-LANTANA	1021 RIDGE RD LANTANA, FL 33462

(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 092}	Continued From page 2 On [redacted] at 12:02 PM, this surveyor received an email from the Administrator containing an Inspection Report from the local Fire Rescue dated [redacted] documenting their directive that the residential stoves be removed (copy obtained). Observation by this surveyor of the facility's kitchen on [redacted] revealed the residential stove(s) had been removed, and no commercial stove(s) were present or had been installed. The facility has not prepared resident meals from [redacted] to present, over a year and a half, and continues to serve resident lunch and dinner meals prepared by their sister facility in Boca Raton, FL, and delivered by their staff, or through a contract they have with a local Taxi company. The census on [redacted], the date of the onsite visit, was 28 residents who are receiving their lunch and dinner meals prepared at an offsite location. Class III	{A 092}		