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 02/12/2025

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

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{A 000}	Initial Comments An unannounced revisit to the Relicensure and Complaint survey (2024001225, 2024003802, 2024007021 & 2024010116), was conducted on at Oasis at Boynton Beach Assisted Living. The facility had corrected and uncorrected deficiencies related to the Relicensure at the time of the survey. Note: An unannounced license complaint #202400125, #2024003802, #2024007021 was conducted in conjunction with this survey on the same date. See separate report for findings.	{A 000}		
{A 030}	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all	{A 030}		

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{A 030}	Continued From page 1	{A 030}		

residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with

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convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.

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{A 030}	Continued From page 3 (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the	{A 030}		

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{A 030}	Continued From page 4 case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state	{A 030}		

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{A 030}	Continued From page 5 that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on Interviews, observations and record	{A 030}		

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{A 030}	Continued From page 6 review, the facility failed to provide daily observation by designated staff of the activities provided to residents while on the premises, or an awareness of the general health, safety, physical and emotional well-being of residents residing in the facility. The findings include: On and this surveyor conducted a tour of the facility. During the tour this surveyor conducted a random check of resident doors to determine if they were secure (locked). None were locked. In an interview with the Administrator and Assistant Administrator on at 3:41 PM she stated residents are given a key to their rooms, but that they lose them. She stated Resident #27 was moved into a different room which has a lock. This surveyor asked if they had logs/or documentation of residents who have received keys to their rooms. Or, if they have a checklist of items provided when a resident moves into the facility, which includes keys as one of the items. The Administrator stated they do not. In an interview with the Resident #27 on at 4:20 PM she stated she does not have a key to her room and has had people come in and steal things. She stated about 8 months ago a guy came into her room and assaulted her. She stated the incident was reported and the guy was and given jail time. As the Administrator was unable to provide documentation regarding the issuance of a key to Resident #27, or any resident in the facility to	{A 030}		

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{A 030}	Continued From page 7 ensure their safety, residents of the facility remain at risk of other residents or visitors entering their rooms. Class III Uncorrected	{A 030}		
{A 078}	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	{A 078}		

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{A 078}	Continued From page 8 (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, it was determined that the facility failed to have documentation for 3 of 12 sampled staff files revealed no evidenceof an annual negative ( ) examination. (Staff E, I, O)	{A 078}		

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{A 078}	Continued From page 9 The findings include: a) A review of Staff E's employee file revealed a date of hire on as a Direct Care Staff. Further review revealed no documentation of a current examination within the last year, and the last documenation of a examination on file was dated . b) A review of Staff I's employee file revealed a date of hire on as a Direct Care Staff. Further review revealed no evidence of a current examination within the last year, and the last documenation of a examination on file was dated . c) A review of Staff O's employee file revealed a date of hire on as a Direct Care Staff. Further review revealed no documentation of a current examination within the last year, and the last documenation of a examination on file was dated . In an interview with Staff B, the Assistant on , she confirmed that the employee records did not have an annual negative screening documented. She stated she will have the staff complete a screening. Class III Uncorrected	{A 078}		
{A 081}	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee	{A 081}		

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{A 081}	Continued From page 10 who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice	{A 081}		

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{A 081}	Continued From page 11	{A 081}		

orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).
(b) New staff must complete the preservice orientation prior to interacting with residents.
(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.
(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:
1. Resident's rights; and,
2. The facility's license type and services offered by the facility.
(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

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{A 081}	Continued From page 12 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	{A 081}		

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{A 081}	Continued From page 13 This Statute or Rule is not met as evidenced by: Surveyor: Albury, William Surveyor: MURDOCH, KAREN Based on record reviews, and interviews, the facility failed to ensure that all staff attend in-service training provided or arranged by the facility administrator or manager to facility staff before interacting with residents. The facility failed to have a certificate of completion that covers all required in-service training topics signed that the employee completed the required in-service in the employee's personnel record for 9 out of 12 Staff reviewed (Staff D, E, F, G, H, R, Q, O, S). The findings include: a) A record review of Staff D, a Resident Care Giver employee file revealed a date of hire and no evidence or documentation that they completed the required in-service training topics 1). ADL (Activities of Daily Living) and resident behavior and needs 2). Reporting major incidents, adverse incidents, facility emergency procedures and incident reporting training. b) A record review of Staff E, a Resident Care Giver employe file revealed a date of hire of and no evidence or documentation	{A 081}		

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{A 081}	Continued From page 14	{A 081}		

that she completed the required in-service training topics within 30 days of of hire:
1). Reporting major incidents, adverse incidents, facility emergency procedures and incident reporting training.

c) A record review of Staff F, a Resident Care Giver employee, revealed a date of hire of and no evidence or documentation that they have completed the required in-service training topics within 30 days of hire:
1). Reporting major incidents, adverse incidents, facility emergency procedures and incident reporting training.

d) A record review of Staff G, a Resident Care Giver employee file revealed a date of hire of and no evidence or documentation that they have completed the required in-service training topics within 30 days of hire:
1). ADL and resident behavior and needs
2). Reporting major incidents, adverse incidents, facility emergency procedures and incident reporting training.
3). Elopement policy training.
4) Control Training

e) A record review of Staff H, a Resident Care Giver employee file revealed a date of hire of and no evidence or documentation that they have completed the required in-service training topics within 30 days of hire:
1). ADL and resident behavior and needs
2). Reporting major incidents, adverse incidents, facility emergency procedures and incident reporting training.
3). Elopement policy training.
4) Control Training

f) A record review of Staff R, a Resident Care

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{A 081}	Continued From page 15 Giver employee, revealed the date of hire of and no evidence or documentation that they have completed the required in-service training topics within 30 days of hire: 1) Reporting major incidents, adverse incidents, facility emergency procedures and incident reporting training. 2) Elopement policy Training. 3) Control Training g) A record review of Staff Q, a Resident Care Giver employee file revealed a date of hire of and no evidence or documentation that they have completed the required in-service training topics within 30 days of hire: 1) Reporting major incidents, adverse incidents, facility emergency procedures and incident reporting training. 2) Elopement policy training. 3) Control Training h) A record review of Staff O, a Resident Care Giver employee file revealed the date of hire and no evidence or documentation that they have completed the required in-service training topics within 30 days of hire: 1) Reporting major incidents, adverse incidents, facility emergency procedures and incident reporting training. 2) Elopement policy training. i) A record review of Staff S, a Resident Care Giver employee file revealed a date of hire of and no evidence or documentation that they have completed the required in-service training topics within 30 days of hire: 1). ADL and resident behavior and needs 2). Reporting major incidents, adverse incidents, facility emergency procedures and incident reporting training.	{A 081}		

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{A 081}	Continued From page 16 3} Control Training Class III Uncorrected	{A 081}		
{A 152}	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (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: 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 to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	{A 152}		

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{A 152}	Continued From page 17 commodes must be provided with privacy during use. (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 . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to make needed repairs/or provide sanitary supplies to ensure a safe/sanitary living environment for 96 of 96 Residents (Residents #1-#96) residing in the facility. The findings include: On , the Department of Health (DOH) Representatives conducted a routine inspection at the facility. A review of the inspection report (Group Care) dated revealed multiple violations resulting in an unsatisfactory inspection. The facility received violations in the following areas: 1) Infestation/Presence 2) Temperature/Supply 3) Cleaning/Odors 4) Beds 5) Drained/Litter/Trash 6) Other Animal Health and Safety 7) Maintenance On , the Department of Health (DOH) Representatives conducted a reinspection at the facility. A review of the inspection report (Group Care) dated revealed multiple violations resulting in an unsatisfactory inspection. The facility received violations in the following areas:	{A 152}		

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{A 152}	Continued From page 18 1) Infestation/Presence 2) Maintenance 3) Cleaning/Odors 4) Beds 5) Drained/Litter/Trash 6) Other Animal Health and Safety On , the Department of Health (DOH) Representatives conducted a reinspection at the facility. A review of the inspection report (Group Care) dated revealed multiple violations resulting in an unsatisfactory inspection. The facility received violations in the following areas: 1) Infestation/Presence Violation Comments: observed live cockroaches in , , , 242, 246 (2), 247, 250 (5), 258 (2), 260, 209 (10), 213 (10). And cockroaches were observed in (3), 242 (2), 245 (3), 247, 253, 256, 257, 259, 260 (2), in front of 206, 209 (5) 2) Maintenance Violation Comments: Maintenance on north side: with leak at shower handle with missing closet door with leak at shower handle and toilet bottom, as well as closet door missing with damage wall in the shower with stained ceiling tile and exhaust fan with dust accumulation as well as sink fixture damaged. with hole opening to outside behind a/c a/c unit not sealed to the exterior staining under the sink and vanity missing baseboard wall damage above bathroom mirror, as well as damage floor tile by entrance.	{A 152}		

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{A 152}	Continued From page 19 with door missing at closet. with one door missing for closet. Northside resident extra bathroom with missing toilet tank cover. Office next to 220 with missing light cover. damaged floor by entrance door. Maintenance on South side: with low water pressure at toilet with leaking under sink, damaged vanity, and missing closet door. Colonial library with stained ceiling and damaged closet door. with damaged wall by mirror. missing closet door. South side exit door near dining room with frame in disrepair. 3) Linens Violation comments: Observed facility logs do not certifying that laundry was being performed on at least a weekly basis. All laundry must be performed at least weekly. 4) Drained/litter/Trash Violation Comments: Observed excessive accumulation of cigarette debris around water fountain in central outdoor recreation area. All outdoor recreation areas must be free of litter. 5) Other General comments: Facility still does not have pest complaint logbook in order to keep track of when housekeeping or residents complain of pest concerns. The facility states that currently if any staff sees pest control concerns, they are instructed to do boric in the baseboard and use roach spray to make sure the concerns are being abated, but the facility still has a problem	{A 152}		

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{A 152}	Continued From page 20 with residents keeping doors open which isn't helping with pest control concerns. The inspection report further documents that the investigation found continuous sightings of cockroaches in facility. Residents in still is not being routinely cleaned and facility stated that resident is belligerent an doesn't allow them to clean in the room. Resident states that they do not want the facility to mop inside their room because of the pest control problems in the facility and doesn't want the mop water to be shared between rooms. The facility was advised that if resident does not want their room to be mopped the facility should take steps to make sure that the room is at least swept or that some steps are taken to abate the cockroaches in their ceiling and in bathroom. Facility states that in advance of reinspection they are going to conduct a deep cleaning of the whole facility and have their pest control logs updated to make sure that any visit from outside vendors are noted. Facility also is advised that a sight log of when and where pest control is necessary in order to keep track of informing pest control vendor. During a tour of the facility on the following concerns were observed: Observation of on at 11:03 AM revealed the wall Air Conditioner (AC) had no weatherstripping or molding around it, which exposed the room/facility to entry of bugs, rodents and other pests that could enter the room through the exposed wall (photo obtained). Observation of the main dining room on at 12:41 PM located in the west section of the facility near the main entry,	{A 152}		

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{A 152}	Continued From page 21 revealed the floors were stained, the tabletops and ⌄ were dated/soiled, and there were bugs/flies in the windowsills (photo obtained). Observation on at 12:43 PM of the entry/exit door located directly across from the main dining room that leads out to the courtyard, revealed it had a doorknob. However, it would not stay latched to prevent it from opening and staying shut. Observation of on at 12: 45 PM revealed the AC was not working. In a interview with the Resident during the observation he stated the AC has not been working for 8 days. He stated he told the Administrator and Maintenance Director, who informed him they didn't have any money to get to replace them, and that they were waiting on their corporate office to release the funds. Observation of on at 12:47 PM revealed the AC was not working. The temperature using this surveyor's handheld Fisherbrand Traceable Hypermeter w/Dew Point thermometer revealed the temperature in the room was 88.8 degrees Fahrenheit. Observation of at 12:54 PM revealed the AC was not working. The temperature using this surveyors handheld Fisherbrand Traceable Hypermeter w/Dew Point thermometer revealed the temperature in the room was 88.2 degrees Fahrenheit. In addition, the room had a foul order, there were beds propped against the wall, and the room was generally unclean. Observation of on at 12:57	{A 152}		

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{A 152}	Continued From page 22 PM revealed the room was unclean and had a foul odor. Observation of the hallway outside on at 1:10 PM revealed a loud smell. Observation of the hallway outside on at 1:10 PM revealed a loud smell. Observation of on at 1:13 PM revealed a loud smell. Observation of on at 1:15 PM revealed the bathroom cabinet was rotted, the vinyl floor around the shower stall was peeling, the shower stall was dirty, and the seal around the toilet was dirty and had a mold-like substance on it (photo evidence obtained). Observation of the South section's hallway on at 4:33 PM revealed a strong loud -like smell. In an interview with Resident #3 on at 10:10 AM stated to this surveyor that he was doing okay, gets his meds, but his room has roaches. In an interview with Resident #4 on at 10:12 AM he stated to this surveyor that his roommate keeps the heater on, and he is hot. He stated he had spoken with the Administrator a few times and asked to be moved to another room. He stated they have roaches in the room, and he has killed some in the bathroom and bedroom. In an interview with Resident #5 on at 10:16 AM she stated to this surveyor that she has	{A 152}		

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{A 152}	Continued From page 23 been at the facility for a while, and that the room has roaches. In an interview with Resident #7 on at 10:23 AM that he stated to this surveyor that he has been at the facility for 11 months, his Air Conditioner (AC) has been out for 4 months, has told staff about it and they told him they will fix it. This surveyor observed that the room was hot and had the thermostat set to 47 degrees. After several minutes, the AC still did not blow out air. He further stated he has roaches in his room. As the interview was conducted, this surveyor observed a roach by the Resident's refrigerator (photo evidence obtained). In an interview with Resident #9 on at 10:43 AM he stated to this surveyor that the place is a mess and that he has roaches in his room. In an interview on at 10:57 AM with Staff W, she stated to this surveyor that the facility has bugs, the wheels on the beds have roaches in them, the picture frames on some resident's walls have roaches (showed this surveyor a frame with bugs she was cleaning during the interview. She stated they clean, and the bugs come right . During an interview with Staff X on at 11:15 AM, she stated to the surveyor that she has been working at the facility for 5 months. She stated she sweeps, mop, and that the facility has roaches. She stated that the facility does not have enough housekeeping staff here as there are only 2 workers. In an interview with Resident #11 on at 11:18 AM she stated to this surveyor that she	{A 152}		

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{A 152}	Continued From page 24 has had a problem with her air conditioner (AC) for some time, has reported it to the Administrator numerous times, and was told that they would be replacing it. Observation by this surveyor during the interview revealed the AC was not working. In an interview with the Resident #13 on at 1:17 PM he stated to this surveyor that he is doing okay, but he doesn't get his laundry when staff takes it to be laundered. In an interview with Resident #14 on at 1:20 PM he stated to this surveyor that he is okay, been at the facility a few years, the staff is okay, the food is okay, they clean the room, he can do everything himself, he gets his meds, the only problem is that he does not get his laundry when staff takes it to be laundered. In an interview with Resident #15 on at 4:20 PM she stated to this surveyor they have had roaches in their room, as well as rats and roaches. Observation of the room revealed the wall air-conditioner (AC) unit was not working, and there was portable floor AC by her bed that was not cooling the room. The temperature on the ACs LED panel was observed to be set at 62 degrees, but the room was still warm (pictures obtained). She stated the facility staff take your laundry, and you don't get it . She further stated that a staff member got one of the rats that was in her room, but not the other one. During the interview, observation was made by the surveyors of a roach crawling on the floor. The Resident stated she fogs the room (this surveyor observed 2 cans of "Real Kill" insect bombs on the Resident's dresser. She stated she hasn't used those because she does not have the time to sit outside for 4 hours, which is how long she has to be out of the room when she sets them off.	{A 152}		

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{A 152}	Continued From page 25 In an interview with the Administrator on at 6:02 PM she stated to this surveyor they have rats, and that she saw one on the South section yesterday in a trap and a staff member removed it. In addition, this surveyor also observed a black plastic glue strip located in the Activity supply room where the surveyors were working. Class II uncorrected	{A 152}		

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{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: (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	{CZ830}		

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

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{CZ830}	Continued From page 1 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 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	{CZ830}		

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 02/12/2025

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

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{CZ830}	Continued From page 2 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 timely submit/or secure approval of their Comprehensive Emergency Management Plan (CEMP) letter from the Local County Emergency Management Division. The findings include: A review of the CEMP binder provided to this surveyor by the Administrator revealed a letter from the Local County Emergency Management Division dated . , informing the facility that their Comprehensive Emergency Management Plan (CEMP) could not be approved in its current state (copy obtained). A second review of the facility's CEMP binder revealed a receipt from the Local County Emergency Management Division dated acknowledging receipt of information from the facility (copy obtained). In an interview with the Administrator and Assistant Administrator on /202 at 11:17 AM the Administrator stated that they have submitted the information but stated that the same issue exists. Specifically, with the Local Fire Department informing them that they still need a Broadband system, which they do not need. Until the issue is resolved they cannot get an Fire Inspection approval which is required for the CEMP approval request. No other information/or documentation was provided during the survey.	{CZ830}		

Agency for Health Care Administration

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{CZ830}	Continued From page 3 Class III Uncorrected	{CZ830}		