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
	AL11910699	A. BUILDING: _____ B. WING _____	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW BAY SENIOR RESORT	4001 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442

(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 Relicensure and Generator Monitoring survey was conducted on - at Willow Bay Senior Resort. The facility had deficiencies related to the Relicensure at the time of the survey.	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, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. 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 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	A 093		

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A 093	Continued From page 1 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 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	A 093		

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A 093	Continued From page 2 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 interview and observation, it was determined that, the facility failed to maintain a safe environment for the emergency water supply storage. The findings included:	A 093		

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A 093	Continued From page 3 During an interview on at 10:45 AM the facility Manager was asked to show storage of the facility emergency water supply. The facility manager stated that the emergency water is stored outside behind the building in a storage shed. An observation of the shed revealed that the emergency water supply was stored in a plastic storage shed located behind the northwest side of the building. Further observation of the emergency water, revealed water was stored in six large blue barrels that had other items on top of the lids, dust and dirty. The emergency water was surrounded by other gardening items/equipment materials such as lawnmowers and fuel tanks. It was also observed that water barrels were exposed to outside weather elements. The facility manager was unable to determine if the plastic barrels stored out in the shed conserve good usable quality water. The Administrator was also unable to provide documentation of the amount in each barrel and how they are monitoring the storage of the water. During an interview on at 11:35 AM the Administrator and the facility Manager were informed of the location and condition exposure of the emergency water in the shed. They both acknowledged the findings. Class III	A 093		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 4 (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 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 observations and interview, the facility	A 152		

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A 152	Continued From page 5 failed to provide a safe, clean, and decent living environment free of safety hazards for residents that reside at the facility. The findings included: During a tour conducted on and between 8:00 AM and 3:00 PM, the surveyors observed the following physical plant concerns. 1)The dining room had a hole in the wall near the exit door that led to the courtyard. 2)The ceiling tiles in the upper right-side entrance of the resident's event room had few dark brown stains. 3) Live roaches were crawling on the wall in the East wing hallway. 4) # a) The ceiling light fixture located near the bathroom was missing a cover. 5) # a) A few ceiling tiles near the entrance door had dark brown stains. b) The resident's room laminate floor had a loose plank with a visible gap located near the refrigerator. 6) # a) Caulking around the bathroom sink it was separating and discoloring. b) The closet door had scuff marks and missing doorknobs. c) The bathroom wall paint near the toilet area was peeling. 7) # a) Live cockroaches were crawling out of a hole	A 152		

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A 152	Continued From page 6 in the wall on top of the sink faucet. b) Damaged walls with scuff marks and unfinished paintwork. c) Caulking around the sink separating and discoloring. 8) # a) The closet door was damaged. b) The electrical outlet wire was exposed. c) The bathroom paint was bubbling and peeling near the toilet wall. d) The recliner was dirty with brown stains. 9) # a) The closet door had scuff marks, and the door frame had visible damaged split wood. b) Unfinished floor tile work. c) The electrical outlet wire was exposed. d) The bathroom floor around the toilet appeared to have rust like stains. e) The window curtains had visible brown stains. 10) # a) Unable to open jammed closet doors / doorknobs were loose. b) The bathroom shower wall was in a state of disrepair (broken tiles/unfinished work). 11) # a) The bathroom pocket door was stuck on the track and was unable to close all the way. b) The bathroom wall near the sink appeared to have brown feces- like stains. c) The walls in the room had scuff marks and different colors of unfinished stucco textures. 12) # a) The resident's bedroom closet did not have any doors. b) The bathroom wall near the sink appeared to	A 152		

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A 152	Continued From page 7 have feces -like stains. c) The walls in the room had scuff marks and different colors of unfinished stucco textures. 13) # a) The ceiling light fixture was loose. In an interview on at approximately 11:45 AM with the Administrator and the facility Manager. They recognized and understood that the facility needs repair. They acknowledged the findings. Class III	A 152		