

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
NAME OF PROVIDER OR SUPPLIER OASIS AT BOYNTON BEACH ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
{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}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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}	

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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/and secure approval of their Comprehensive Emergency Management Plan (CEMP) from the Local County Emergency Management Division. The findings include: a) On _____ at 11:15 AM, an interview was conducted with the Administrator and Staff B (Administrative Assistant) regarding the status of the facility's CEMP and required corrections by the local County Emergency Mangement Division. It was revealed that the facility doesn't have an approval and still working on the previously identified concerns/issues identified by the county. At this time, the Administrator and Staff B agreed that the citation remains uncorrected. b) On _____, a revisit survey was conducted, 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).	{CZ830}			

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

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{A 000}	Initial Comments An unannounced 2nd revisit to the Relicensure and Complaint survey (2024001225, 2024003802, 2024007021 & 2024010116), was conducted on _____ through _____ at _____ Oasis at Boynton Beach Assisted Living. The facility had corrected, uncorrected deficiencies (A0030, A0076, A0152 and Z830) and a new deficiency (A0077) related to the Relicensure at the time of the survey. Note: An unannounced Licensure Complaint survey, complaint #2025004819, 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	{A 030}			

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{A 030}	Continued From page 1 full view in a common area accessible to all 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.	{A 030}			

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{A 030}	Continued From page 2 (f) The facility must provide residents with 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	{A 030}			

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{A 030}	Continued From page 3 similar situations. (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	{A 030}			

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{A 030}	Continued From page 4 harmful or offensive to other residents. In the 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. (I) 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	{A 030}			

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{A 030}	Continued From page 5 complaints may be lodged. The notice must state 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:	{A 030}			

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{A 030}	Continued From page 6 Based on record review, observations and interview, it was determined that the facility failed to honor resident's rights by failing to maintain a safe and decent living environment for residents residing at the facility. It was also determined that the facility failed to ensure residents had access to clean clothing items and linens and these items were readily available for use by the residents. This failure affected all 78 residents that resided at the facility. The findings included: A review of the facility's residency contract revealed the following: Resident's Rights No resident of a facility shall be deprived any of any civil or legal rights, benefits or privileges guaranteed law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of the 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. During an interview with the Administrator on _____ at 2:30 PM, she stated she was aware of the facility's cockroach infestation in the	{A 030}			

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{A 030}	Continued From page 7 kitchen and the residential area, maintenance issues (including the washing machines and dryers), and cleaning/sanitation issues. She stated all repairs, maintenance, and any facility/building expenses must be approved by Corporate for funding because they control the facility's financial resources. She stated they distribute the funding for repairs or emergent needs at their own discretion. She further stated she was aware that the repairs were taking longer than expected, however she expressed the severity of the immediate concerns to Corporate. It was noted that the facility's corporate leadership does not give the Administrator any direct access to the facility's accounts or funds, which led to delays in the resolution of these immediate concerns (cockroach infestation, unclean clothing and linens, strong odors) and exposed the residents to potential risk. A) The Department of Health (DOH) conducted Group Care inspections at the facility on _____ and _____, all inspections results noted as "Unsatisfactory". The inspection reports noted violations in the following areas: 1) Infestation/Presence 2) Linen 3) Maintenance DOH issued the facility a formal written notice on _____ and _____ regarding the Group Care inspections. A review of the formal notice dated _____ and _____ revealed the nature of the violation was noted as Vector and Vermin Control. The notice notes live and cockroaches throughout the facility. Corrective Measures necessary noted as: 1) Remove and prevent the creation of conditions capable of breeding pests.	{A 030}			

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{A 030}	Continued From page 8 2) Clean and sanitize all areas of the facility. Roaches are a vector of _____ and by subjecting your clients, staff, and visitors to the ongoing roach infestation you are putting them at risk of illness or injury. The Department of Health (DOH) conducted Food Service inspections at the facility on _____ and _____; all inspections results noted as "Unsatisfactory". The inspection reports noted violations in the following areas: 1) Infestation/Presence 2) Linen 3) Maintenance On _____, a "delivered" Emergency Suspension of Food Sanitation Certificate and Order to Cease Operating All Food Service at Facility was issued to the facility by the DOH Representative to notify them that the Food Sanitation Certificate was temporarily suspended. The letter documented the following: "The Department inspected your facility on the following dates: _____, _____, and _____ and found evidence of a substantial cockroach infestation including numerous live and roaches in the food service area. Despite issued warnings, on _____ and _____ the problem has persisted and has now spread to the food service areas. Further, there were numerous live and _____ cockroaches on food contact surfaces, under and around the dishwashing area, in the ice machine, on and inside single use cups, and especially prevalent in the dry storage area." (copy obtained). During various tours conducted of the facility (kitchen and residential areas) on _____ through _____ observations revealed findings consistent with the	{A 030}			

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{A 030}	Continued From page 9 findings of DOH as noted in the inspection reports. Observations revealed alive and cockroaches in the facility (residential and kitchen area), maintenance concerns and lack of cleaning. Upon entrance to the facility, persons entering the facility are met with a foul strong smell, the building presented a strong stuffy smell. The housekeeping staff were observed mopping with dirty water (black in color) from one room to the next, and other locations in the building without changing the mopping water. Review of the facility's DOH inspection reports (Residential and Food Service) revealed the facility allowed the residents (78 residents) to reside in an environment continuously for months that was infested with cockroaches, incomplete maintenance repairs and lack of available clothing and linens. The facility made no efforts to resolve these violations in spite of multiple reinspection, warnings (verbal and written) to abate the violations at the facility. B) During an interview with the Administrator on at 1:10 PM, it was revealed the facility had only 1 residential washing machine and 2 residential dryers to accommodate the laundry needs of the entire facility (census 78). She stated the Corporation Owners had purchased 2 commercial dryers and 2 commercial washing machines, but they were not installed. She stated she was not sure when the commercial laundry machines would be installed. She stated the dryers were in the laundry room but not installed and could not be used, and the washing machines were stored in the nursing station (side office). She further stated the washers (2) could not be relocated into the laundry room until an	{A 030}			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
NAME OF PROVIDER OR SUPPLIER OASIS AT BOYNTON BEACH ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1708 NE 4TH STREET BOYNTON BEACH, FL 33435		
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{A 030}	Continued From page 10 entrance doorway was widened to allow the appliances to fit through and be installed. She stated she was waiting for the corporate office to hire an electrician; however, the exact date was unknown. On . at 1:16 PM, a tour of the facility's laundry room was conducted with the Administrative Assistant and the Administrator. The laundry room was located in the Southwest section of the facility, just beyond the dining room. Observations of the laundry room revealed a strong foul smell. Further observations revealed one residential washer and two residential dryers (photos obtained) for a population of 78. At this time, the Administrator and Administrative Assistant both confirmed the residential washers and dryers were not sufficient for the census. And that the residential appliances were not capable of handling the laundry needs of the facility. They both confirmed that this had been an issue for months. The Administrator stated, the staff (the Administrator, Administrative Assistant and Wellness Coordinator) take all of the laundry to the local laundromat located a few minutes away from the facility. She stated the laundromat was less than 2 miles away from the facility. During an interview with the Wellness Coordinator on at 1:30 PM, she stated that the facility only had 1 washing machine. She stated the direct care staff tried to wash the clothes but were unable to complete the task because the facility had only 1 working washing machine and the volume was too large for the 1 washing machine. She stated, she and other staff bagged the residents' clothes, linens, etc. and transported them to a local laundromat nearby in their personal cars. She stated they (the	{A 030}		

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{A 030}	Continued From page 11 Administrator, Administrative Assistant and Wellness Coordinator) washed all the clothes, linens, towels, etc. at the laundromat themselves. She stated the backlog was large that the clothes were piling up in the residents' rooms and the laundry rooms. She further stated that in order to allow residents to have clothes, they just take them to the laundromat. She further stated they had used their own funds to wash the clothes and the facility reimbursed them. The Wellness Coordinator stated they try to take the clothes a couple of times a week but there is no set day. The Wellness Coordinator stated whenever she noticed the backlog of laundry she would transport clothes to the laundromat. During an interview with the Administrator and Staff B (Administrative Assistant) on at 1:50 PM she confirmed they had to transport the residents' laundry to the local laundromat nearby to wash the residents' clothing. She stated she had informed the Corporate Owners of the problem, however, an exact date for installation had not been provided. During an interview with Resident #24 on at 2:05PM, she stated she had seen cockroaches in her room under her bed and on her bathroom floor. Resident #24 also stated she had complained to the Administrator about the cockroaches and had not seen any improvement. Resident #24 stated her hallway smelled like and manure constantly. During an interview with Resident #4 on at 3:15PM, she stated that her room had cockroaches and flies all over. Resident #4 further stated the cockroaches are mainly concentrated by her refrigerator and she kills them herself with her . Resident #4 she had	{A 030}			

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{A 030}	Continued From page 12 a can of bug spray by her bed because the exterminators the facility hired did not get rid of the cockroaches. She stated she felt her way worked better and she " does what she can". During an interview with Resident #1 on ... at 3:40 PM, she stated roughly 2 months ago she was living in the south wing of the facility, and she had a cockroach infestation in her room. Resident #1 further stated that she eventually had rodents that began breeding and infesting that room, that even crawled into her bed at one point. Resident #1 stated this prompted the Administrator to move her room to the north wing of the facility (current living area). Resident #1 then stated she had not seen any cockroaches or rodents in her new room but there were cockroaches in the hallways of the north wing. Class I Uncorrected	{A 030}			
A 077	429.176 FS; 429.52(), 59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements.	A 077			

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A 077	Continued From page 13 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least _____ ; 2. If employed on or after _____ , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to _____ , are not required to take the competency test unless specified elsewhere in _____	A 077			

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A 077	Continued From page 14 this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile _____ of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education	A 077			

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A 077	Continued From page 15 requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to _____, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not _____, serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, _____, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review, interview and observations, the facility failed to ensure that the appointed Administrator had the financial resources available to fulfill her responsibility to ensure the operation and maintenance of the facility. This inability to fulfill her job duties placed the entire resident census (78 out of 78 residents) at risk of harm or illness. The findings included: The Administrator and facility staff failed to take prompt action to correct violations identified by the DOH in a timely manner as noted on the DOH inspection reports for their Group Care and Kitchen inspections.	A 077		

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A 077	Continued From page 16 During an interview with Staff L (Maintenance Porter) on _____ at 1:09 PM, Staff L stated that the facility housekeeping staff (4 staff) were doing the best that they can. Staff L further stated that they have both a rodent infestation and a cockroach infestation and the Administrator was aware. He also stated there were rodents in the facility walls and he had recommended that the facility fumigate the property to remove the infestation, but the owners were refusing to do so due to the cost. Staff L also stated that the facility owners blamed staff for the current state of the infestation. During an interview with the Administrator on _____ at 2:30 PM, she stated she was aware of the facility's cockroach infestation in the kitchen and the residential areas, maintenance issues (including the washing machines and dryers), and cleaning/sanitation issues. She stated all repairs, maintenance, and any facility/building expenses must be approved by Corporate for funding because they control the facility's financial resources. She stated they distribute the funding for repairs or emergent needs at their own discretion. She further stated she was aware that the repairs were taking longer than expected, however she expressed the severity of the immediate concerns to Corporate. It was noted that the facility's corporate leadership does not give the Administrator any direct access to the facility's accounts or funds, which led to delays in the resolution of these immediate concerns (cockroach infestation, unclean clothing and linens, strong odors) and exposed the residents to potential risk. The Department of Health (DOH) conducted	A 077		

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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 077	Continued From page 17 Group Care inspections at the facility on _____ and _____, all inspections results noted as "Unsatisfactory". The inspection reports noted violations in the following areas: 1) Infestation/Presence 2) Linen 3) Maintenance DOH issued the facility a formal written notice on _____ and _____ regarding the Group Care Inspections. A review of the formal notice dated _____ and _____ revealed the nature of the violation was noted as Vector and Vermin Control. The notice notes live and cockroaches throughout the facility. Corrective Measures necessary noted as: 1) Remove and prevent the creation of conditions capable of breeding pests. 2) Clean and sanitize all areas of the facility. Roaches are a vector of _____ and by _____ subjecting your clients, staff, and visitors to the ongoing roach infestation you are putting them at risk of illness or injury. The Department of Health (DOH) conducted Food Service inspections at the facility on _____ and _____; all inspections results noted as "Unsatisfactory". The inspection reports noted violations in the following areas: 1) Infestation/Presence 2) Linen 3) Maintenance On _____, a " _____ delivered" Emergency Suspension of Food Sanitation Certificate and Order to Cease Operating All Food Service at Facility was issued to the facility by the DOH Representative to notify them that the Food Sanitation Certificate was temporarily suspended.	A 077		

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A 077	Continued From page 18 The letter documented the following: "The Department inspected your facility on the following dates: _____, and _____ and found evidence of a substantial cockroach infestation including numerous live and roaches in the food service area. Despite issued warnings, on _____ and _____ the problem has persisted and has now spread to the food service areas. Further, there were numerous live and _____ cockroaches on food contact surfaces, under and around the dishwashing area, in the ice machine, on and inside single use cups, and especially prevalent in the dry storage area." (copy obtained). During various tours conducted of the facility (kitchen and residential areas) on _____ through _____ observations revealed findings consistent with the findings of DOH as noted in the inspection reports. Observations revealed alive and cockroaches in the facility (residential and kitchen area), maintenance concerns and lack of cleaning. Upon entrance to the facility, persons entering the facility are met with a foul strong _____ smell, the building presented a strong _____ stuffy smell. The housekeeping staff were observed mopping with dirty water (black in color) from one room to the next, and other locations in the building without changing the mopping water. These observations reflect the Administrator's inability to perform her job duties with the lack of resources. During an interview with the Administrator on _____ at 1:10 PM, it was revealed the facility had only 1 residential washing machine and 2 residential dryers to accommodate the laundry needs of the entire facility (census 78). She stated the Corporation Owners had purchased 2	A 077		

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A 077	Continued From page 19 commercial dryers and 2 commercial washing machines, but they were not installed. She stated she was not sure when the commercial laundry machines would be installed. She stated the dryers were in the laundry room but not installed and could not be used, and the washing machines were stored in the nursing station (side office). She further stated the washers (2) could not be relocated into the laundry room until an entrance doorway was widened to allow the appliances to fit through and be installed. She stated she was waiting for the corporate office to hire an electrician; however, the exact date was unknown. On at 1:16 PM, a tour of the facility's laundry room was conducted with the Administrative Assistant and the Administrator. The laundry room was located in the Southwest section of the facility, just beyond the dining room. Observations of the laundry room revealed a strong foul smell. Further observations revealed one residential washer and two residential dryers (photos obtained) for a population of 78. At this time, the Administrator and Administrative Assistant both confirmed the residential washers and dryers were not sufficient for the census. And that the residential appliances were not capable of handling the laundry needs of the facility. They both confirmed that this had been an issue for months. The Administrator stated, the staff (the Administrator, Administrative Assistant and Wellness Coordinator) take all of the laundry to the local laundromat located a few minutes away from the facility. She stated the laundromat was less than 2 miles away from the facility. During an interview with the Wellness Coordinator on at 1:30 PM, she	A 077			

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A 077	Continued From page 20 stated that the facility only had 1 washing machine. She stated the direct care staff tried to wash the clothes but were unable to complete the task because the facility had only 1 working washing machine and the volume was too large for the 1 washing machine. She stated, she and other staff bagged the residents' clothes, linens, etc. and transported them to a local laundromat nearby in their personal cars. She stated they (the Administrator, Administrative Assistant and Wellness Coordinator) washed all the clothes, linens, towels, etc. at the laundromat themselves. She stated the backlog was large that the clothes were piling up in the residents' rooms and the laundry rooms. She further stated that in order to allow residents to have clothes, they just take them to the laundromat. She further stated they had used their own funds to wash the clothes and the facility reimbursed them. The Wellness Coordinator stated they try to take the clothes a couple of times a week but there is no set day. The Wellness Coordinator stated whenever she noticed the backlog of laundry she would transport clothes to the laundromat. During an interview with the Administrator and Staff B (Administrative Assistant) on at 1:50 PM she confirmed they had to transport the residents' laundry to the local laundromat nearby to wash the residents' clothing. She stated she had informed the Corporate Owners of the problem, however, an exact date for installation had not been provided. The Administrator's inability to have access to financial resources prevented her from making urgent and timely repairs to operate and maintain the facility. The facility allowed the residents (78 residents) to reside in an environment continuously that was infested with cockroaches	A 077			

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A 077	Continued From page 21 for months (without a corrective action), incomplete maintenance repairs and lack of available clothing and linens. The facility made no efforts to resolve these violations in spite of multiple reinspection, warnings (verbal and written) to abate the violations at the facility. Class I	A 077			
{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	{A 078}			

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{A 078}	Continued From page 22 written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (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 review and interview, the facility failed to ensure the Dining Services Director	{A 078}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
NAME OF PROVIDER OR SUPPLIER OASIS AT BOYNTON BEACH ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1708 NE 4TH STREET BOYNTON BEACH, FL 33435		
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{A 078}	Continued From page 23 performed her assigned job duties, including training Dietary Staff, maintaining a sanitary kitchen environment, and implementing the facility's policy and procedure regarding maintaining the kitchen in a safe manner. This failure placed all 78 residents (resident census) who consume their meals and/or food items from the kitchen, at risk of exposure and/or a foodborne illness. As a result of unsatisfactory food service inspections on _____ and _____, the Department of Health (DOH) mandated the facility to immediately cease the operation of the kitchen for all food services. The findings included: A review of the facility's Kitchen Sanitation Policy, undated, documented the following: Purpose: The purpose of this policy is to establish and maintain a clean, safe and sanitary kitchen environment at Oasis Boynton Beach Assisted Living Facility. This policy ensures compliance with the Agency for Health Care Administration (AHCA), Florida Department of Health, and local food safety regulations, while promoting the health and well-being of our residents, staff and visitors. Scope: this policy applies to all kitchen staff, dietary aides, environmental services and any third-party food service vendors operating within the Oasis Boynton Beach facility. Policy Statement: Oasis Boynton Beach is committed to maintaining the highest standards of kitchen sanitation. All staff must adhere strictly to food safety procedures, daily cleaning protocols, and scheduled deep-cleaning practices. The kitchen will be inspected regularly	{A 078}		

Agency for Health Care Administration

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{A 078}	Continued From page 24 to ensure full compliance with regulatory agencies and internal quality standards. Weekly Cleaning Tasks: -Clean and sanitize all refrigerator and freezer interiors. -Degrease and sanitize range hoods, filters, and exhaust vents. - Inspect and sanitize behind and underneath kitchen equipment. - pantry and dry storage areas. - Mop and walls, ceilings, and non- slip flooring. Monthly & As- Needed Protocols: -Deep clean ovens, steamers, fryers, and other high-use appliances. - Review and rotate dry goods to avoid expired items. - Conduct pest control treatment and inspection (by licensed provider). - Repair or repair wall or surface damage as needed for sanitation compliance. Pest Control Measures: -Any sightings of pests (e.g., cockroaches, rodents) must be immediately reported to the Environmental Services Manager. -Entry points and affect areas will be sealed and treated to prevent re-entry. - Pest activity logs must be maintained and made available for inspection. Staff Training & Compliance: -All dietary and kitchen staff shall receive: -Initial sanitation training during onboarding -Quarterly refreshers on control and food safety -Annual competency evaluations -Staff must follow posted cleaning checklists and	{A 078}			

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{A 078}	Continued From page 25 complete assigned duties at every shift. -Supervisors will conduct random audits and daily walkthroughs to verify compliance. Record Keeping: The following documentation must be maintained on-site for review: -Daily cleaning logs - Employee sanitation training records. Non-compliance: Failure to adhere to this policy may result in disciplinary action, retraining, or reassignment. Any issues compromising food safety or resident health must be reported immediately to the Administrator or Director of Culinary Services. On _____, a Department of Health (DOH) representative completed a routine inspection of the facility's food service areas. A review of the DOH Inspection Report dated _____ revealed the facility received violations in the following areas. 1) Demonstration of Knowledge/Training Violation comments: Observed facility without proof of annual employee training. All employees must be trained annually. 2) Food in good condition, safe and unadulterated Violation comments: Observed one roach into ice machine. Employees cleaned. Corrected on site. 3) Food -contact surfaces; cleaned & sanitized Violation comments: Observed microwave with debris accumulation. All food contact surfaces must be clean. Observed cloudy sanitizing water. Employee drained and refilled. Corrected on site. 4) Proper cooling methods; adequate equipment Violation comments: Observed freezer with food not frozen completely. All frozen foods must be frozen.	{A 078}		

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{A 078}	Continued From page 26 5) Insects, rodents & animals not present. Violation comments: Observed more than 5 live roaches on boxes of cereal. Observed 4 live roaches on disposable soup cups under prep table. Observed one roach in ice machine. Observed one roach under handwashing sink and emergency eyewash station. Observed several live roaches in various cracks in the walls of the facility. Observed mesh on outside vents not 16 mesh. All facilities must be free of pests. 5) No contamination (preparation, storage, display) Violation comments: Observed cardboard containers with cockroaches in them. All food must be stored to prevent contamination. 6) Equipment & lines; stored, dried and handled. Violation comments: Observed food utensils stored under prep tables with debris in containers. All food utensils must be stored in clean areas. 7) Single-use/single-serve articles; stored and used Violation comments: Observed cockroaches in single use cardboard small soup containers with some of the plastic wrapping uncovered. Manager discarded containers. Corrected on site. 8) Non-food contact surfaces clean Violation comments: Observed catch under burner stoves with heavy grease accumulation. Observed grease accumulation under burners of stoves. Observed walls of reach in cooler with debris accumulation. All equipment must be clean. These violations resulted in the facility receiving an "Unsatisfactory" inspection (copy obtained). Reinspection date noted as _____ at 8AM. On _____, a Department of Health (DOH) representative completed a reinspection of the	{A 078}		

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{A 078}	Continued From page 27 facility's food service areas. A review of the DOH Inspection Report dated _____ revealed the facility received violations in the following areas: 1) Demonstration of Knowledge/Training: Violation comments: Observed facility without proof of annual employee training. All employees must be trained annually. 2) Proper cooling methods; adequate equipment: Violation comments: Observed freezer with food not frozen completely. All frozen foods must be frozen. 3) Insects, rodents & animals not present: Violation comments: Observed more than 25 live roaches on and inside boxes of brown gravy mix, pasta, and various other food items. Observed more than 15 live roaches on single use articles such as 2 oz cups and lids, _____ foil roll, plastic wrap roll, and various other boxes in facility. Observed several _____ (around 10) cockroaches in dish area and 15 live cockroaches near chemical storage. Observed several live roaches in various cracks in the walls of the facility. Observed mesh on outside vents not 16 mesh and mesh broken. 4) No contamination (preparation, storage, display): Violation comments: Observed dozens (around 25) food cardboard containers with at least several () live cockroaches in them. Employees instructed to discard all boxes in kitchen area. 5) Single-use/single-serve articles; stored and used Violation comments: Observed one cockroach in single use cardboard plastic 2 oz lids with some of the plastic wrapping uncovered. Manager discarded containers. Corrected on site. 6) Non-food contact surfaces clean Violation comments: Observed walls of reach in cooler with debris accumulation. All equipment	{A 078}		

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{A 078}	Continued From page 28 must be clean. These violations resulted in the facility receiving an "Unsatisfactory" inspection (copy obtained). Reinspection date noted as _____ at 8AM. On _____, a "delivered" Emergency Suspension of Food Sanitation Certificate and Order to Cease Operating All Food Service at Facility was issued to the facility by the DOH Representative to notify them that the Food Sanitation Certificate was temporarily suspended. The letter documented the following: "The Department inspected your facility on the following dates: _____, and _____ and found evidence of a substantial cockroach infestation including numerous live and roaches in the food service area. Despite issued warnings, on _____ and _____ the problem has persisted and has now spread to the food service areas. Further, there were numerous live and _____ cockroaches on food contact surfaces, under and around the dishwashing area, in the ice machine, on and inside single use cups, and especially prevalent in the dry storage area." (copy obtained). A review of the Emergency Suspension of Food Sanitation Certificate and Order to Cease Operating All Food Service at Facility from the Department of Health dated _____ revealed, the Administrator acknowledged and agreed to the findings. Per the document, the Administrator signed the cease-and-desist order on _____. During an interview on _____ at 1:26 PM with the Dining Services Director (Staff C), she stated that she was responsible for the kitchen sanitation, cleaning the kitchen and training Dietary Staff (9 in total). She further stated that she was aware of the Emergency Suspension of	{A 078}			

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{A 078}	Continued From page 29 Food Sanitation. She stated she is aware of the cockroaches in the kitchen and that they have been present for a couple of months. She stated she informed the Administrator regarding the cockroach infestation and that the cockroaches came from the residential rooms (infestation violations identified prior by DOH). She also stated that the problems got worse with the kitchen when Corporate cut . . . her hours around She stated she went from working every day to 3 days a week (from 7 am to 6 PM) and the 4th day is split between the Sous Chef (Staff D). Further interview on at 1:30PM with Staff C (Dining Services Director) revealed she doesn't have a cleaning schedule for her staff to follow. She stated that the Dietary Staff are just verbally informed to clean up the kitchen and dining area. She further stated she has not provided any training within the last year, nor has she provided training since the kitchen closure. Further interview on at 1:35 PM with Staff C, she stated that she requested formal training from a dietician for herself and her staff. Per Staff C, the dietician declined to train the facility's staff in-person because she lived an hour away. Staff C then stated the dietician requested to do training via phone for her and all 9 dietary staff (Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, Staff K, Staff M), despite Staff C and the Administrator requesting formal in-person training multiple times. A record review of Staff C's personnel file revealed a hire date of for the role of "Cook". Further record review revealed a job description for the Cook position signed by Staff C on It was noted that this job	{A 078}			

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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 078}	Continued From page 30 description was not signed by the Supervisor and/or the Administrator. It was also noted that there was no job experience listed on Staff C's job application. At this time, there was no additional documentation within Staff C's file to support the position and the duties of the Dining Services Director. The file didn't contain any documentation for the designation of Dining Services Director and lacked a job description for this position. A review of the job description titled "Cook" in Staff C's file revealed the following job summary and responsibilities: Position: Cook Qualifications: 1. Previous work experience 2. Job references Duties and Responsibilities: -Responsible for keeping the kitchen equipment clean at all times. -Must make sure all leftover foods are stored in proper containers, labeled and dated - Must make sure that refrigerators and freezers are operating at the correct temperatures This position is under direct supervision of the Administrator. Daily Tasks: 1. Check cleanliness of all equipment Weekly Tasks: 1. Check all the equipment to make sure it is in proper working. A review of Staff C's job-related training revealed she received an education regarding food safety and became a certified Safe Staff Foodhandler.	{A 078}		

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{A 078}	Continued From page 31 Further record review revealed Staff C continued her education in food safety by completing an exam on _____ for a Food Manager Certification from the National Registry of Food Safety Professionals (NRFSP). The exam result was not in the file. There was no other updated training courses found in the file. A review of the Safe Staff Foodhandler certification description revealed Safe Staff Foodhandler Program is the _____ program of the Department of Business and Professional Regulation (DBPR) and contains six mandated key food safety principles, including: a) Proper cleaning and sanitizing b) The causes and effects of major foodborne illnesses c) Ensuring proper vermin control Further review of Staff C's file revealed there was no disciplinary action [written warning or verbal] documented in her file to reflect the fact that the facility implemented a corrective action plan for the multiple DOH kitchen violations, including the Emergency Suspension. On _____ at 1:40PM, an interview with Staff C and the Administrator revealed the facility has 9 dietary staff. Staff C stated she is responsible for training and overseeing these staff members [A Cook, Servers and Dishwashers], in addition to her other job duties. The Administrator further stated that Staff C is responsible for dietary staff following the steps to ensure the kitchen is maintained in a safe and sanitary manner. A review of the job description for the Server/Dishwasher role revealed the following job summary and responsibilities:	{A 078}			

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{A 078}	Continued From page 32 Reports to: of Dining Services Purpose: The Server is responsible for serving residents in a restaurant setting and ensuring they receive great customer service. The Server will follow of house procedures as well as assist in performing dishwashing. Main Duties and Responsibilities: - Clean and sterilize dishes, kitchen utensils, equipment and utilities. - Monitor food preparation and serving techniques to ensure that proper procedures are followed. - Change linens, laundry linens and ensure linens are clean and presentable. - Ensure dining tables and floors are cleaned after each meal. This includes changing linens and sweeping mopping dining room floor. Knowledge/Skills/Abilities: -Knowledge of techniques and equipment, including storage/handling techniques. -Understanding of federal and state regulations governing food preparation, sanitation and control. A review of the personnel files for the facility's Cook, Servers, and Dishwashers (Staff D-Staff K, Staff M) revealed the following information was missing: Staff E, Server (date of hire) a) Missing supervisor signature on the "Server/Dishwasher" job description dated b) Disciplinary action [written warning] employee, written up regarding failure to comply with job duties(insubordination). [Signed by Administrator]. c) It was noted that there was no additional	{A 078}		

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{A 078}	Continued From page 33 follow-up or training in the staff file to show correction of the insubordination by Staff C or the Administration. Staff F, Server (date of hire) a) Missing supervisor signature on the "Server/Dishwasher" job descriptions dated b) Disciplinary action [written warning], employee written up regarding failure to comply with job duties(insubordination). [Signed by Administrator]. c) It was noted that there was no additional follow-up or training in the staff file to show correction of the insubordination by Staff C or the Administration. Staff G, Server/Dishwasher (date of hire) a) Missing "Server/Dishwasher" job description in file. b) Counseling Record (Disciplinary Action), employee written up regarding failure to comply with job duties(insubordination). c) It was noted that there was no additional follow-up or training in the staff file to show correction of the insubordination by Staff C or the Administration. d) Missing employment history on job application dated Staff H, Server (date of hire) a) Missing supervisor signature on the "Server/Dishwasher" job descriptions dated Staff I, Server (date of hire) a) Missing supervisor signature on the "Server/Dishwasher" job descriptions dated	{A 078}			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OASIS AT BOYNTON BEACH ASSISTED LIVING

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{A 078}	Continued From page 34 b) Missing mandatory 1-hour food service training in the file. c) Disciplinary action 0/01/2023 [written warning], employee written up regarding failure to comply with job duties(insubordination). [Signed by Administrator]. d) It was noted that there was no additional follow-up or training in the staff file to show correction of the insubordination by Staff C or the Administration. Staff J, Housekeeping/Dishwasher (date of hire) a) Missing Job Description for "Dishwasher" in the file. b) Missing Mandatory 1- hour food service training in the file. Staff K (date of hire) a) Missing supervisor signature on "Server/Dishwasher" job descriptions dated . b) Missing employment history on job application dated . Staff M (date of hire) a) Missing job description for "Server" in the file. b) Missing Mandatory 1-hour food service training in the file. Staff D, Cook (date of hire) a) Missing supervisor signatures on the " Cook" job descriptions dated and . b) Missing job description for "Sous Chef" role in the file. c) Staff member stated he is the Sous Chef, and he is responsible for supervising the staff, cleaning the kitchen and cooking when Staff C is not onsite.	{A 078}		

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{A 078}	Continued From page 35 During an interview on _____ at 2:53PM with Staff D, Sous Chef, he stated he was first hired as a Server in 2022 and then promoted to a Cook in 2023 and his current position was the Sous Chef/Cook. Staff D stated that he was responsible for kitchen and supervising the kitchen Staff (Servers and Dishwashers) when Staff C is not here. He stated that he had seen cockroaches since _____. He stated that the kitchen started having problems with cleaning and maintenance when the hours were cut _____ for him and Staff C by Corporate around _____. He stated that now, they only work 3 days a week and they alternate the 4th workday. He stated he was not trained for his position and was not aware of the facility's kitchen sanitation policy. A review of Staff D's job-related training revealed he received an education regarding food safety and became a certified Food Protection Manager as of _____. Further record review revealed the Staff D had an accredited SERV Safe: Food Protection Manager Certification [Exp. _____] in his personnel file. A review of the SERV Safe: Food Protection Manager certification description revealed SERV Safe is an accredited, comprehensive training program of the National Restaurant Association (NRA) designed to equip Food Service Managers with the knowledge and skills necessary to implement proper food safety practices in their establishments. The competence of the SERV Safe course and examination includes cleaning and sanitation and safe food handling procedures. Review of Staff C and Staff D's files revealed, that	{A 078}		

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NAME OF PROVIDER OR SUPPLIER OASIS AT BOYNTON BEACH ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 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 078}	Continued From page 36 their job descriptions failed reflect the duties necessary to maintain a safe and sanitary kitchen. In addition, Staff C and D were given the responsibility of supervising and training the dietary staff despite their lack of appropriate job descriptions and training. This resulted in the Dietary Staff (Staff D-Staff K, Staff M), in which Staff C was responsible for supervising, failing to maintain the facility's kitchen sanitation policy. During an interview with Staff J (Dishwasher/Housekeeper) at _____ at 2:45PM, he revealed that he worked as a dishwasher and a housekeeper for 3 months. He stated his job duties included washing dishes in the kitchen and cleaning the facility. He further stated that he had seen cockroaches in the kitchen. Further interview revealed there was no cleaning schedule, Staff J stated they just clean. During an interview with Staff C (Dining Service Director) and Staff D (Sous Chef) on _____ at 3:05 PM, the facility's kitchen sanitation policy was reviewed with them both. Staff C and Staff D stated that they had not been trained in the responsibilities listed in the policy. Staff D stated, he believed it was posted somewhere in the kitchen. At this time, he was asked to identify the location, however, he stated he was not sure. During an interview on _____ at 4:00PM with Staff M (Server), she stated she had seen cockroaches in the kitchen the past two weeks. She further stated she had not signed a job description for a server and the facility had not provided any training on her job duties. She also stated that the facility had not provided a cleaning schedule for her to follow and verbally instructed her to clean during her scheduled shift.	{A 078}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/15/2025	
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{A 078}	Continued From page 37 During an interview with Staff H (Server), on at 4:30PM he stated that he was a server and had been working at the facility for two years. He further stated that he had seen cockroaches in the kitchen in the past few months (3 or more months). He also stated that the facility had not provided a cleaning schedule for him to follow and verbally instructed him to clean during his scheduled shift. During an interview on at 5:00PM with Staff K (Server), he stated he had worked at the facility for two years. He further stated he was not aware of a job description for the Server role and the facility had not provided any training on kitchen responsibilities. Staff K stated he was not aware of a cleaning schedule for the kitchen, he stated daily cleaning instructions were provided verbally. Further interview revealed he had seen cockroaches in the kitchen for the past year and there had been even more cockroaches in the past 6 months. Staff K stated he informed the Administrator that he had seen the cockroaches in the kitchen, but nothing had changed. During an interview with Staff G (Server/Dishwasher), at 8:45 AM he stated that he had been working at the facility for two years and that he was a Server/Dishwasher. He further stated had seen cockroaches in the kitchen and informed Staff C (Dining Services Director) and the Administrator. He stated he was not aware of his job description and had not received any training regarding his job duties, including cleaning the kitchen. During an interview with Staff F (Server), on at 9:10AM she stated that she had been working at the facility for two years. She stated that she had seen cockroaches in the kitchen	{A 078}		

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{A 078}	Continued From page 38 area and she informed Staff C (Dining Services Director). She further stated that Staff C informed her that she would report it to the office [Administrator]. She stated she was not aware of her job description and had not received any training regarding her job duties, including cleaning the kitchen. During an interview with the Administrator on at 3:15 PM, regarding the circumstances surrounding the kitchen closure and Staff C's duties and responsibilities, it was revealed that Staff C had not performed her job duties appropriately to ensure a safe and sanitary environment. The Administrator stated she was looking for another person that had more experience to oversee and run the kitchen. She stated Staff C had not performed her duties appropriately and caused the kitchen closure. The Administrator was also asked why Staff C's file did not have an accurate job description reflecting her current position as a Dining Service Director. She stated the Corporation "only hires Cooks and Servers". However, she stated Staff C was the Dining Service Director responsible for the kitchen and the staff. During interviews on at 12:00PM and at 3:05 PM with Staff C (Dining Services Director), she was asked to provide documentation for any dietary training or in-service from the Dietician since the kitchen closure. Staff C stated, at this time, she could not provide the documentation. Staff C stated that she herself had never received formal training from the facility's Dietician despite making numerous requests. Staff C was further questioned, regarding steps the facility had implemented regarding bringing the kitchen into immediate compliance with DOH. She then	{A 078}			

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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 078}	Continued From page 39 stated she could draft a sample of her training and steps completed at that moment for the Surveyor to review. However, she provided no documentation of steps implemented prior, including additional training for the Dietary Staff. During an interview with the Administrator on at 3:35 PM, the Administrator acknowledged that both Staff C (Dining Services Director) and Staff D (Sous Chef/Cook) were responsible for the kitchen and its staff and that they were not maintaining it properly per the DOH inspection reports. The Administrator stated she will have Staff C perform an in-service to correct the issues with sanitation, vermin control, and staff insubordination. The Administrator stated that Staff C had not conducted any in-service training for the Dietary Staff or received any additional training herself despite multiple warnings from DOH. This was confirmed by Staff C in previous interviews. Class I Uncorrected	{A 078}		
{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	{A 152}		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
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{A 152}	Continued From page 40 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 height 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 observation and interview, the facility failed to ensure a safe/sanitary living environment free of hazards due to a lack of pest and vermin control, building maintenance, and unhygienic handling of linens and clothing which has put the entire resident census (78 of 78 Residents) at potential risk of illness or injury. The findings included:	{A 152}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
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{A 152}	Continued From page 41 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 Violation Comments: Observed live cockroaches in rooms: 232, 250 (6), 251 (2), 255(5), 256 (20), 260, 213 (infested furnishings), 208(5), south side closet (7), cockroaches in rooms: 251(4), 254, 240(3), 254(2), 222, 212, 208(3) General comments: Spoke with Executive Director (Administrator) concerning follow-up actions after failed reinspection on _____. Administrator stated that the facility was currently undergoing deep cleaning by [company name] cleaning and that they were to go through all the rooms to make sure pest control efforts were being aided. Facility's logbook supported evidence that pest control was at the facility on a callback basis since the 12th. After investigation the circumstances in _____ were identified as the worst in the facility and the _____ need to be provided with different furnishings to prevent the spread of cockroaches. Housekeepers are to be on a new schedule after the deep cleaning and working with [pest control company] to get all pest issues abated. 2) Maintenance Violation Comments: 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	{A 152}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
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{A 152}	Continued From page 42 with damage wall in the shower stained ceiling tile and exhaust fan with dust accumulation, as well as sink fixture damaged staining under the sink and vanity missing baseboard wall damage above bathroom mirror, as well as damage floor tile by entrance. with door missing for 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. South side: with leaking under sink, and missing closet door. Colonial library with stained ceiling and damaged closet door. with damaged wall by mirror. missing closet door. 3) Linens Violation Comments: Observed facility logs 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 Animal Health and Safety Violation Comments: Observed facility without updated records for one animal one site. All animals required to have must have their up-to-date records on site at all times. On _____, the Department of Health issued	{A 152}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
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{A 152}	Continued From page 43 the facility a formal notice of violation. A review of the formal notice dated _____ revealed the nature of the violation was noted as Vector and Vermin Control. The notice noted live and cockroaches throughout the facility. Corrective Measures necessary noted as: 1) Remove and prevent the creation of conditions capable of breeding pests. 2) Clean and sanitize all areas of the facility. 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 rooms: 240 (3), 242(3), 236, 247, 253, 208, 205(3), 201, 242(3), 249(5), 250(3), 256, 260, 213, 209, cockroaches in rooms: 240(2), 249(5), 250(10), 256(several), 260(2), 226(2), 213(3), 209(several), 208(5), 202(2), 243, 251(5), 253(3), 225(droppings), 212, 208(7) 2) Maintenance Violation Comments: On the 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 damaged wall in the shower with stained ceiling tile and exhaust fan with dust accumulation as well as sink fixture damaged. staining under the sink and vanity	{A 152}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
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{A 152}	Continued From page 44 missing baseboard 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. South side with leaking under the sink, and missing closet door. Colonial library with stained ceiling and damaged closet door. missing closet door. General Comments: Spoke with the Executive Director (Administrator) concerning follow-up action after reinspection on . She said that post deep cleaning that [pest control company] had visited the facility on , in order to spray and patch up areas in the facility and rid the facility of roach presence. Housekeepers are continuing to keep up with deep cleaning schedule and facility has taken efforts to reduce the pest presence in . Facility is advised to have internal monitoring of pest presence to ensure all evidence and presence of roaches is fully abated. 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 rooms: 242 (2), 249 (5), south side bathroom, 254 (6), 260 (>10 live), 259, 230, 256 (2), underneath fish tank in	{A 152}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
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{A 152}	Continued From page 45 front group area (10), underneath vending machines in front group area (3), 245, 253, 222, cockroaches in rooms: 240 (1), 232 (5), 251 (4), 254 (4), 256 (>10 in corners of bathroom), 212, 205 (2), 250 (2), 257 (2) 2) Maintenance Violation Comments: 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 stained ceiling tile and exhaust fan with dust accumulation, as well as sink fixture damaged staining under the sink and vanity missing baseboard wall damage above bathroom mirror, as well as sink fixture damaged. 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. South side: Colonial library with stained ceiling and damage closet door. On , the Department of Health issued the facility a formal notice of violation. A review of the formal notice dated revealed the nature of the violation was noted as Vector and Vermin Control. The notice notes live and cockroaches throughout the facility. Corrective Measures necessary noted as: 1) Remove and prevent the creation of conditions capable of breeding pests.	{A 152}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
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{A 152}	Continued From page 46 2) Clean and sanitize all areas of the facility. Roaches are a vector of _____ and by subjecting your clients, staff, and visitors to the ongoing roach infestation you are putting them at risk of illness or injury. 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 rooms: 242, 247(2), 250, 254(3), 253, 256(3), southside employee are (2), underneath fish tank in front group area (>10), underneath vending machines in front group area (3) Cockroaches in rooms: 249(2), 250(96), 253(3), 256(5), 260(>10), 232(10), 259(2), 251(6), 231(2), 225 General comments: Spoke with the Administrator concerning follow up actions after reinspection on _____. She stated the facility is following routine deep cleanings and said that work is being done with [pest control company name] in order to spray in cracks in the walls and working to seal it off. The facility was unable to present any invoices since the last reinspection date to concur with the statement. Facility is advised that while undergoing cleanings more attention should be applied to loose tiling and loose floorboards as well as cracks in the walls to decrease harborage concerns. Facility is stating that they will undergo more room bombing and do more effort to abate harborage concerns in the facility. On _____, the Department of Health issued	{A 152}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
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{A 152}	Continued From page 47 the facility a formal notice of violation. A review of the formal notice dated _____ revealed the nature of the violation was noted as Vector and Vermin Control. The notice notes live and cockroaches throughout the facility. Corrective Measures necessary noted as: 1) Remove and prevent the creation of conditions capable of breeding pests. 2) Clean and sanitize all areas of the facility. Roaches are a vector of _____ and by subjecting your clients, staff, and visitors to the ongoing roach infestation you are putting them at risk of illness or injury. During a tour of the facility (Residential Areas) on _____ to _____ the following concerns were observed: a) Strong _____ odor upon entry into the facility that is concentrated throughout the lobby and front desk area. b) The north wing hallway to the left of the front desk area had strong _____ odor from _____ to 229. Gnats observed flying in various areas of this hallway. c) The south wing hallway [closest wing to the kitchen] to the right of the front desk area contained strong odor of _____ and cigarette smoke mixed with heavy aerosol air fresheners. d) The south wing hallway floors from _____ to 260 at the end of the hallway were sticky throughout and coated in thick film. e) _____, room had a strong, foul odor upon entrance, the surveyor had to exit room and reenter. Walls in the room were covered with black and brown accumulated debris and smudges. Observed 1 live roach crawling on a container of cat food in the resident's bathroom. Room filled with various clutter, debris, and _____ items. The resident had a cat. The cat was observed sleeping in the closet next to piles of _____	{A 152}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/15/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OASIS AT BOYNTON BEACH ASSISTED LIVING

**1708 NE 4TH STREET
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(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 152}	Continued From page 48 clutter. The Resident was observed lying on stained white sheets with small jumping black objects on them. Small flies were observed swarming in the resident's room. f) Housekeeping staff observed using dirty black mop water from a debris-stained yellow mop bucket to clean the hallways and resident rooms on the north and south wing. Observed mop water had a mix of a chemical and -like odor. g) Several live cockroaches and roach eggs throughout the corridors and common areas (hallways) of the north and south wings. h) Cigarette butts in the hallways near the exit door for the outdoor courtyard [near the Administrator's office]. i) Cigarette butts and debris throughout the courtyard in the pathways and surrounding the water fountain. j) The laundry room had a strong odor throughout the entire room. Closer observation revealed that the washing machine had a concentrated strong odor. k) Observed the exhaust fan on the wall of the laundry room covered in an accumulation of lint and dust During an interview with Staff L (Maintenance Porter) on at 1:09 PM, Staff L stated that the facility housekeeping staff (4 staff) were doing the best that they can. Staff L further stated that they have both a rodent infestation and a cockroach infestation and the Administrator was aware. He also stated there were rodents in the facility walls and he had recommended that the facility fumigate the property to remove the infestation, but the owners were refusing to do so due to the cost. Staff L also stated that the facility owners blamed staff for the current state of the infestation.	{A 152}		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
NAME OF PROVIDER OR SUPPLIER OASIS AT BOYNTON BEACH ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 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 152}	Continued From page 49 Review of the facility's housekeeping schedule (, thru) revealed the facility had 4 housekeeping staff to provide housekeeping services withing the facility. According to the Administrator on at 1:25 PM, housekeeping staff were responsible for cleaning the rooms (including bathrooms located in the rooms), helping with the linens (including washing) and remaking the beds and cleaning the common areas. During an interview with Staff R (Housekeeper) on at 2:15pm regarding her job duties, she stated that she was responsible for cleaning the resident rooms, including their bathrooms, common areas(hallways), assisting with laundry, and changing the linens. Staff R further stated that she and the other housekeeping staff (4 total) were currently not doing laundry because the washing machines and dryer were not working properly. She stated that the housekeeping staff were no longer assisting with laundry and the Wellness Supervisor (Staff N) had been taking the laundry to be washed and dried outside of the facility. During an interview with Resident #24 on at 2:05PM, she stated she had seen cockroaches in her room under her bed and on her bathroom floor. Resident #24 also stated she had complained to the Administrator about the cockroaches and had not seen any improvement. During an interview with Resident #4 on at 3:15PM, she stated that her room had cockroaches and flies all over. Resident #4 further stated the cockroaches are mainly concentrated by her refrigerator and she kills them herself with . Resident #4 she had	{A 152}			

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NAME OF PROVIDER OR SUPPLIER OASIS AT BOYNTON BEACH ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1708 NE 4TH STREET BOYNTON BEACH, FL 33435		
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{A 152}	Continued From page 50 a can of bug spray by her bed because the exterminators the facility hired did not get rid of the cockroaches. She stated she felt her way worked better and she " does what she can". During an interview with Resident #1 on ... at 3:40 PM, she stated roughly 2 months ago she was living in the south wing of the facility, and she had a cockroach infestation in her room. Resident #1 further stated that she eventually had rodents that began breeding and infesting that room, that even crawled into her bed at one point. Resident #1 stated this prompted the Administrator to move her room to the north wing of the facility (current living area). Resident #1 then stated she had not seen any cockroaches or rodents in her new room but there were cockroaches in the hallways of the north wing. During an interview with the Administrator on at 3:58PM regarding the cockroach infestation in the residential areas, the Administrator stated that she believed the infestation was coming from specific residents and she planned to discharge those residents soon. The Administrator further stated that a small resident population and better-quality residents would allow her to clean the facility and have it maintained properly. It was noted that the Administrator stated her plan was to discharge the residents the non-compliant residents and treat the cockroaches, then clean the rooms. The facility's infestation problem due to a lack of proactive measures and compliance with DOH resulted in the spread of the infestation into other areas of the facility, the kitchen. On " delivered" Emergency Suspension of Food Sanitation Certificate and Order to Cease	{A 152}		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/15/2025
NAME OF PROVIDER OR SUPPLIER OASIS AT BOYNTON BEACH ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1708 NE 4TH STREET BOYNTON BEACH, FL 33435		
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{A 152}	Continued From page 51 Operating All Food Service at Facility was issued to the facility by the DOH Representatives to notify them that the Food Sanitation Certificate was temporarily suspended. Further review of this letter revealed DOH had provided warning to the facility on , and , that the facility's infestation problem on the residential needed to be abated/resolved and that if the problem was not abated it could spread to the kitchen service areas. Review of the facility's food service inspection reports dated and revealed "unsatisfactory" results. The results of the food inspection reports resulted in the kitchen receiving an emergency suspension of food service on due to roach infestation. Class I Uncorrected	{A 152}			