Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968683	A. BUILDING: _____ B. WING _____	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure, Complaint, complaint number 2024016872 & 2024015182 and a Generator Monitoring survey was conducted on at Banyan Place. The facility had deficiencies related to the Relicensure and Complaint (#2024016872 and #2024015182) at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all 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	A 030		

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A 030	Continued From page 1 telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with 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	A 030		

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A 030	Continued From page 2 must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (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	A 030		

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A 030	Continued From page 3	A 030		

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

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to respond to Residents calls for assistance in a timely manner, resulting in the facility inability to determine or assess the care needs of residents in a timely manner. The findings include:	A 030		

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A 030	Continued From page 6 A review of the facility's Resident Agreement documented Supervision as one of the services included in the monthly rate. However, there was no information documented as to what supervision is. Neither did it contain information relative to responding to Resident call pendants (copy obtained). In an interview with the Administrator, Staff A on at 4:16 PM she stated they do not have a policy on responding to call bells/pendants. This surveyor then requested the facility's Supervision Policy. She stated that if it wasn't in the P/P (Policy & Procedures) binder that was provided to the surveyors earlier in the day, they may not have one but would look to see if there was one for residents. No documentation was provided during the survey. A review of the , log provided to this surveyor by the Administrator, Staff A on revealed it consisted of 100 pages containing an average of 20 entries per page. The document also revealed there was an extensive amount Resident calls for assistance (through the use of their locking pendants), that exceeded one (1) hour prior to a response from staff. The Resident pendant calls for assistance that exceeded one (1) hour for the week of - is as follows: 2:59:31 AM (Room) - Call Completed 1:24:34 at 3:19:20 AM (Room A-201) - Call Completed 2:36:36 at 6:46:59 AM (Room B-204) - Call Completed 5:39:35 at 10:23:10 AM (Room B-213-2) - Completed 1:12:42 at 1:02:41 PM (Room B-213-1) - Call	A 030		

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A 030	Continued From page 7	A 030		

Completed 2:28:32
at 1:05:20 PM (Room 1) - Call
Completed 1:15:04
at 2:31:23 PM (Room) - Call
Completed 1:10:04
at 5:08:01 PM (Room B-118) -
Completed 1:09:02
at 5:34:22 PM (Room) - Call
Completed 2:13:48
at 5:37:30 PM (Room B-100) - Call
Completed 16:29:00
at 5:38:33 PM (Room A-118) - Call
Completed 1:18:38
at 7:46:54 PM (Room B-230) - Call
Completed 1:02:35
at 8:03:28 PM (Room B-213-2) - Call
Completed 39:38
at 3:33:47 AM (Room B-228) - Call
Completed 1:58:23
at 6:37:46 AM (Room B-204) - Call
Completed 3:03:31
at 7:00:43 AM (Room B-119) -
Completed 1:03:27
at 7:38:03 AM (Room B-119) -
Completed 1:09:34
at 7:49:36 AM (Room B-228) -
Completed 1:53:15
at 8:09:15 AM (Room A-118) - Call
Completed 1:59:55
at 8:15:08 AM (Room A-106) - Call
Completed 2:19:15
at 10:57:21 AM (Room B-214-2) - Call
Completed 1:37:05
at 2:40:48 PM (Room A-209) -
Completed 2:08:00
at 5:28:43 PM (Room B-222) - Call
Completed 1:18:33
at 7:21:48 PM (Room B-213-2) - Call
Completed 1:21:47
at 7:24:37 PM (Room B-119) - Call

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A 030	Continued From page 8 Completed 11:59:07 at 9:24:05 PM (Room B-204) - Completed 1:00:27 at 10:22:13 PM (Room B-105) - Call Completed 3:04:32 at 10:25:38 PM (Room) - Call Completed 3:04:55 at 1:50:47 AM (Room B-105) - Call Completed 5:37:09 at 3:20:14 AM (Room B-213-2) - Call Completed 1:49:42 at 4:04:25 AM (Room B-204) - Call Completed 3:32:20 at 5:11:34 AM (Room B-219) - Completed 1:56:18 at 5:26:13 AM (Room B-111) - Call Completed 2:08:45 at 5:33:12 AM (Room B-112) - Completed 1:47:55 at 3:58:19 PM (Room A-118) - Call Completed 1:54:23 at 4:26:22 PM (Room A-116) - Call Completed 1:25:47 at 5:49:02 PM (Room B-213-1) - Call Completed 1:42:45 at 5:54:22 PM (Room A-106) - Call Completed 2:15:55 at 7:22:23 PM (Room B-214-2) - Call Completed 1:14:16 at 8:14:56 PM (Room B-204) - Call Completed 3:44:52 at 7:25:21 AM (Room B-110) - Call Completed 1:20:29 at 7:28:07 AM (Room B-213-1) - Completed 1:39:19 at 8:34:21 AM (Room B-119) - Call Completed 1:11:28 at 11:51:43 AM (Room) - Call Completed 1:39:58 at 2:32:47 PM (Room B-214-2) - Call	A 030		

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A 030	Continued From page 9	A 030		

Completed 1:21:01
at 3:42:58 PM (Room B-213-1) - Call
Completed 2:30:12
at 5:01:28 PM (Room B-119) -
Completed 1:16:13
at 6:03:13 PM (Room B-204) - Call
Completed 4:20:22
at 6:41:44 PM (Room B-214-2) - Call
Completed 3:54:40
at 7:38:45 PM (Room B-119) - Call
Completed 3:03:07
at 7:38:58 PM (Room B-213-2) - Call
Completed 2:43:29
at 8:23:41 PM (Room B-112) -
Completed Call 2:14:00
at 8:29:16 PM (Room B-112) -
Completed 2:13:57
at 3:02:57 AM (Room B-213-1) - Call
Completed 1:44:50
at 2:55:14 PM (Room B-214-2) - Call
Completed 3:03:08
at 12:41:16 AM (Room B-214-2) - Call
Completed 7:20:55
at 4:36:03 AM (Room B-212) - Call
Completed 3:58:23
at 6:13:08 AM (Room B-219) -
Completed 1:18:43
at 12:38:32 PM (Room) - Call
Completed 1:10:02
at 4:12:22 PM (Room B-118) -
Completed 1:14:04
at 6:07:06 PM (Room A-201) - Call
Completed 2:49:21
at 7:02:03 PM (Room B-219) - Call
Completed 10:37:16
at 7:53:51 PM (Room B-111) - Call
Completed 1:00:15
at 4:43:30 AM (Room B-105) - Call
Completed 1:07:36
at 4:57:58 AM (Room B-112) - Call

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A 030	Continued From page 10	A 030		

Completed 2:54:07
at 7:40:11 AM (Room A-209) - Call
Completed 3:06:11
at 8:02:50 AM (Room B-110) - Call
Completed 1:28:57
at 9:05:41 AM (Room A-118) - Call
Completed 1:38:18
at 9:20:07 AM (Room A-100) - Call
Completed 4:55:04
at 10:00:01 AM (Room) - Call
Completed 1:13:21
at 10:58:51 AM (Room B-118) - Call
Completed 2:41:59
at 3:25:49 PM (Room) - Call
Completed 3:55:58
at 3:29:40 PM (Room B-208) - Call
Completed 1:32:12
at 3:50:05 PM (Room B-213-2) - Call
Completed 1:11:56
at 8:09:35 PM (Room A-209) - Call
Completed 1:14:48
at 9:40:47 PM (Room A-209) - Call
Completed 1:19:54

The Call Completed reference above represents the time from the Resident pressing their pendant, until the time the facility staff member arrives to the Resident and disarms the signal (To room Elapsed Time). Disarming/or resetting the pendant requires the staff person to physically wave a magnetic device over the resident's pendant. This ensures that there is a -to-encounter with the Resident who is requesting assistance.

As staff failed to respond to Resident calls for assistance in a timely manner, it resulted in the facility staff failing to determine or assess the needs of the Residents in a timely manner. A review of the call logs reviewed documented

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A 030	Continued From page 11 delays were consistent throughout the document (copy obtained). Class III	A 030		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the	A 056		

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A 056	Continued From page 12 medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:	A 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968683	A. BUILDING: _____ B. WING _____	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

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A 056	Continued From page 13 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that, the facility failed to provide Physician's order for crush pills for 2 of 6 sampled residents (Resident #1 and #17). The findings included: 1) An observation during Medication Pass (Med Pass) at approximately 12:20 PM surveyor observed Staff C (Medication Technician) gathering medication for Resident #1 at the Private Duty Aid's (PDA) request, the medication was a As Needed (PRN) for: , .05 milligram (MG) Tablet and Children's , 20 milliliter (ML). Further observation revealed Staff C gave medication , .05 milligram (MG) Tablet to the PDA of which she proceeded to crushed and administered to Resident #1. 2) An observation during Medication Pass (Med Pass) at approximately 12:35 PM surveyor asked Staff C if there were any more residents that have medications that need to be crush and she stated Resident #17 likes her medication crush for easy	A 056		

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	AL11968683	A. BUILDING: _____ B. WING _____	05/06/2025

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A 056	Continued From page 14 swallowing. During an interview with Resident #17 at approximately 3:45 PM she was asked if her medications were crushed at the time of Med Pass and she confirmed yes. Resident #17 stated she likes her medications crush for easy swallowing. This surveyor asked the resident if she had trouble swallowing and she stated no. It was her preference that her medication was to be crush. During an interview with Staff B (Director of Nursing) at approximately 4:00 PM she was informed to provide Physician's order for crushing pills for both Resident #1 and Resident #17. At this time, she stated both residents do not have Physician's order for crushing pills in their chart. This surveyor asked Staff B if she was aware that Residents #1 and Resident #17 are getting their medication crushed and she stated no. During an interview with the Administrator at approximately 4:30 PM she was informed Staff C was crushing medication without physician's order. At this time the Administrator stated Staff B had already informed and she acknowledged the findings. Class III	A 056		
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	A 078		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 078	Continued From page 15 performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (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.	A 078		

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	AL11968683	A. BUILDING: _____ B. WING _____	05/06/2025

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BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

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A 078	Continued From page 16 (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 interviews it was determined that the facility failed to ensure staff had documented evidence of a negative ( ) examination for 1 of 4 sampled Staff (Staff B). The findings included: Review of the personnel file for Staff B (facility nurse) with a hire date of revealed her last examination was dated . Further review revealed no annual examinations for the year 2024 and 2025 her file. During an interview on at 2:30 PM with Human Resources (HR), she acknowledged Staff B did not have an annual examination for the years 2024 and 2025. During an interview on at	A 078		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 078	Continued From page 17 approximately 4:45 PM with the Administrator she stated she was informed by HR that Staff B did not have an annual examination for the years 2024 and 2025. She acknowledged the findings. No additional documentation was provided. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice	A 081		

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	AL11968683	A. BUILDING: _____ B. WING _____	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

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A 081	Continued From page 18 training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control,	A 081		

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BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

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A 081	Continued From page 19 including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training	A 081		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

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A 081	Continued From page 20 within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interviews, it was determined that, the facility failed to ensure staff completed the required in-service training within 30 days of hire , for 1 of 4 sampled staff (Staff B). The findings included: Review of the personnel file for Staff B (facility nurse) with a hire date of , revealed Staff B did not have documentation for all the training mentioned above in her file. Staff B was missing the following training:Preservice Orientation training, Elopement Response training, Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Reporting Training, Resident Rights and Recognizing / Reporting /Neglect Training.	A 081		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

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A 081	Continued From page 21 During an interview on at 2:30 PM with Human Resources, she admitted Staff B did not have documentation for all the training mentioned above. During an interview on at approximately 4:45 PM with the Administrator she stated she was informed by HR that Staff B was missing all training mentioned above. She acknowledged the findings. No additional documentation was provided. Class III	A 081		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.	A 083		

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	AL11968683	A. BUILDING: _____ B. WING _____	05/06/2025

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BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

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A 083	Continued From page 22 This Statute or Rule is not met as evidenced by: Based on record review and interviews, it was determined that, the facility failed to ensure staff had First Aid and Training for 4 of 4 sampled staff (Staff A, B, E and F). The findings included: 1) Review of the personnel file for Staff A (Administrator) with a hire date of revealed she did not have First Aid and training in her file. 2) Review of the personnel file for Staff B (facility nurse) with a hire date of revealed she did not have training in her file. 3) Review of the personnel file for Staff E (Caregiver) with a hire date of revealed she did not have First Aid and training in her file. 4) Review of the personnel file for Staff F (Medication Technician/Caregiver) with a hire date of revealed she did not have First Aid and training in her file. During an interview on at 2:30 PM with Human Resources, she was informed to provide First Aid and training for at least one direct care staff for each shift. At this time, she stated she is not able to provide documentation because she is working on getting all direct care staff up to date with training. During an interview on at approximately 4:45 PM with the Administrator she stated she was informed by HR that Staff A, B, E and F, do not have First Aid and training.	A 083		

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	AL11968683	A. BUILDING: _____ B. WING _____	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

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A 083	Continued From page 23 She acknowledged the findings. No additional documentation was provided. Class III	A 083		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.	A 084		

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	AL11968683	A. BUILDING: _____ B. WING _____	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

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A 084	Continued From page 24 (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP)	A 084		

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BANYAN PLACE	2950 NW 5TH AVENUE BOCA RATON, FL 33431

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A 084	Continued From page 25 devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by	A 084		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 084	Continued From page 26 rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that, the facility failed to ensure that staff who provide assistance with self-administration of medications had completed 2-hour continuing training for 1 of 4 sampled staff (Staff F). The findings included: Review of the personnel file for Staff F (Medication Technician/Caregiver) with a hire date of revealed she had her Initial 6-hour training on , however no documentation for an annual 2-hour continuing education for 2024 and 2025 was in her file. During an interview on at 2:30 PM with Human Resources, she was informed to provide 2-hour continuing education for Staff F. At this time, she stated she is not able to provide documentation. During an interview on at approximately 4:45 PM with the Administrator she stated she was informed by HR that Staff F does not have an annual 2-hour continuing education for assisting with self-administration of medications. She acknowledged the findings. No additional documentation was provided. Class III	A 084		
A 090	59A-36.011(11) FAC Training -	A 090		

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	AL11968683	A. BUILDING: _____ B. WING _____	05/06/2025

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A 090	Continued From page 27 (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview it was determined that the facility failed to provide training for ( ) for 1 of 4 sampled Staff (Staff B). The findings included: Review of the personnel file for Staff B (facility nurse) with a hire date of revealed she did not have training for in her file. During an interview on at 2:30 PM with Human Resources, she acknowledged Staff B did not have training for in her file. During an interview on at approximately 4:45 PM with the Administrator she stated she was informed by HR that Staff B did not have training for . She acknowledged the findings. No additional documentation was provided.	A 090		

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A 090	Continued From page 28 Class III	A 090		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule.	A 093		

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A 093	Continued From page 29 The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between	A 093		

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A 093	Continued From page 30 the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that all menus were reviewed and approved annually by a Registered Dietician. The findings included: A record review of the facility's Dietary menu components revealed that all regular and therapeutic menus were not approved and signed	A 093		

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A 093	Continued From page 31 by a Registered or Licensed Dietician, a Licensed Nutritionist, or a Registered Dietetic Technician. An interview on at 12:30 PM with Staff H (Executive Chef), he was informed to provide documentation of approved and signed Dietary menus that include regular and therapeutic. At this time Staff H stated that he was hired at the end of , and he was not aware that the facility's menu needed to be approved and signed by a Registered or Licensed Dietician, a Licensed Nutritionist, or a Registered Dietetic Technician. An interview on at 3:50 PM with Staff A (Administrator), she acknowledged that the facility is not currently using an approved and signed menus by a Licensed/Registered Dietician. No additional documentation was provided. Class III	A 093		
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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A 152	Continued From page 32 must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide a safe and comfortable living environment for two (2) of two (2) Residents observed, reviewed or interviewed (Residents #2 and #21). And failed to ensure repairs to the facility were completed in a complete and timely manner. The findings include: On between 11:27 AM - 11:39 AM this	A 152		

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A 152	Continued From page 33 surveyor made observation of the outside perimeter of the buildings (buildings A and B) to determine if there were any windows with Air-Conditioner (AC) units in them. Observation revealed the windows of three (3) apartments having an AC in each of their two windows (living room and bedroom). This surveyor was unable to observe one of the three apartments on the day of the survey. On at 12:13 PM this surveyor observed a window air-conditioner (AC) unit in the living room and Bedroom windows of apartment #B-204. Observation revealed the AC unit in the Living room had mildew-like substance on the vents, and a towel placed under the AC to catch the condensation that was being produced by the AC. Observation of the AC unit in the bedroom revealed it also had a mildew-like substance in its vents, and a towel under neath it to catch the condensation (photos obtained). In an interview on at 12:15 PM with Resident#2 who resides in apartment B-204, she stated her AC stopped working about a year and a half, at which time the small AC units were installed in the windows. She also stated it is in the room when it's outside. On at 12:22 PM, observation was made of Apartment #A-212, which revealed a small air-conditioner unit (AC) unit in the living room area and Bedroom B. Observation revealed the AC in the Bedroom had a mold-like substance in the vent and no heating element. Observation of the AC in Room A revealed it had no heating element, thus rendering it unable to produce heat as well. (photos obtained). Additionally, observation of the ceiling in the	A 152		

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A 152	Continued From page 34 Southwest section of building B revealed it has had some repair as indicated by the spackling covering the drywall that was installed. Observation also revealed that the ceiling also requires finishing of the repair. Additionally, observation of the ceiling also revealed an uncovered hole in the Northeast corner of the ceiling (photos obtained). In an interview with the Administrator on at 10:17 AM she stated they just had a huge project to replace the non-working AC units (in the buildings). However, she could not provide an estimate time as to when the remaining AC repairs would begin/or be completed. As the air-conditioners in the windows of apartments #A-212 and #B-204 have no heating elements, they are unable to provide heat inside the apartments should the outside temperature require the use of such. As such, the Residents would have to find alternative methods to increase (warm) the temperature inside the apartment. Class III	A 152		