Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968596	A. BUILDING: _____ B. WING _____	R 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS AT BOYNTON BEACH ASSISTED LIVING	1708 NE 4TH STREET BOYNTON BEACH, FL 33435

(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 | TITLE | (X6) DATE

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{CZ830}	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	{CZ830}		

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{CZ830}	Continued From page 2	{CZ830}		

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 11:58 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).

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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. c) During the revisit survey conducted on at 9 AM , the facility's CEMP status was requested from the Administrator. She stated, the facility had not gained approval for the CEMP and was still working on it. Therefore, this citation remains uncorrected as the facility was unable to provide documentation of submission of their CEMP and/or approval. Class III Uncorrected	{CZ830}		

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{A 000}	Initial Comments An unannounced 3rd 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 (A0078) and uncorrected deficiencies (Z830, A0030, A0152, A0077) related to the Relicensure 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	{A 030}		

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{A 030}	Continued From page 1 telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with 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	{A 030}		

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{A 030}	Continued From page 2 capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (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	{A 030}		

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{A 030}	Continued From page 3	{A 030}		

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

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{A 030}	Continued From page 4	{A 030}		

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

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

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{A 030}	Continued From page 6 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. A) As of (during the revisit survey), the facility has allowed the residents to continue to reside in an environment that violates their rights. The residents have resided in this environment for months with no relief or corrective measures. During the revisit survey conducted on /20205, it was determined that the facility still had not made the required repairs in a timely manner. The facility has had	{A 030}		

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{A 030}	Continued From page 7	{A 030}		

multiple opportunities to address all physical plant concerns and DOH violations, however, all concerns remain active.

During an interview with the Administrator on at 9:50 AM, she stated the facility is still in the process of correcting all physical plant concerns identified during prior surveys. She stated, the facility is still making renovations to the rooms, she stated they are removing old furniture (bedding and chairs) throughout the facility and in resident rooms due to them being souled and containing odors. She stated the facility is still actively working with the pest control company to address the roach infestation in the facility (residential side). She stated the pest control company and facility staff have still found evidence of roaches within the facility.

The Administrator was also interviewed on at approximately 11:45 AM regarding the status of the facility unsatisfactory residential group inspection, she stated the facility still had not cleared the outstanding violations and were in the process of correcting all violations. She stated the facility is not ready to schedule any reinspection as they are still actively in the process of correcting all violations and repairs. An interview with the DOH inspector on at 12:25 PM, confirmed the facility's inspection was still unsatisfactory for the residential group inspection.

The Administrator also confirmed that the facility still has not installed the commercial washer and dryers for usage for facility use. She stated the facility is still taking the clothes to the laundromat. She stated the concrete has been poured that will support the washers and has to sit for two weeks to harden. She stated that the electricians will

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{A 030}	Continued From page 8 come in after the concrete hardens and install the 2 commercial washers and dryers. During a tour of the facility on between 9 AM and 11:30 AM, a tour of the facility was conducted. The tour confirmed that the facility hadn't corrected the prior non-compliance concerns identified from previous surveys conducted on or . B) 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 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	{A 030}		

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{A 030}	Continued From page 9 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. 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	{A 030}		

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{A 030}	Continued From page 10	{A 030}		

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.

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

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{A 030}	Continued From page 11 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 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.	{A 030}		

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{A 030}	Continued From page 12 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 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	{A 030}		

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{A 030}	Continued From page 13 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 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,	{A 077}		

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{A 077}	Continued From page 14	{A 077}		

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.

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 ,

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{A 077}	Continued From page 15	{A 077}		

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 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

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{A 077}	Continued From page 16 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 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 responsibiltiy to ensure the operation and maintenance of the	{A 077}		

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{A 077}	Continued From page 17 facility. This inability to fulfill her job duties placed the entire resident census (45 out of 45 residents) at risk of harm or illness. The findings included: A) During the revisit survey conducted on , it was determined that Administrator and facility staff failed to take prompt action to correct violations identified by the DOH in a timely manner as noted on outstanding DOH inspection reports for their Group Care. The facility currently had multiple outstanding violations from previous DOH inspections (housekeeping, laundrying clothes, and roach infestation) and had been unable to resolve the issues/concerns as of the date of this survey. The facility current census was 45 residents, which continued to be exposed to this enviroment. During an interview with the Administrator on at 10 AM, it was revealed the facilty Maintenance Worker was out for a couple of weeks and the facility had been unable to complete the repairs and was unable to hire additional maintenance persons and contractors to complete the tasks. She stated, she was finally able to hire 1 person last week to come in part-time to start the repairs. She also agreed that it had taken longer to complete the required repairs and maintenance tasks due her not being able to have complete control of the finances for the facility and she still has to gain approval. She stated the facility still had not cleared the outstanding violations and were in the process of correcting all violations. She stated the facility is not ready to schedule any reinspection as they are still actively in the process of correcting all violations and repairs.	{A 077}		

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{A 077}	Continued From page 18 On between 9 AM and 11:30 AM, a tour of the facility was conducted. The tour confirmed that the facility hadn't corrected the prior non-compliance concerns identified from previous surveys conducted on or . Further interview with the Administrator on revealed the Corporation Office had granted her access to the facility bank account and credit card. She stated, she only has the number. The Administrator was unable to provide proof that the Corporation(Corp) had her listed as an official authorized user of the facility bank account and facility credit card(s) to make necessary purchases, repairs and hire contractors to make the required repairs and implement timely corrective actions for previously identified concerns from AHCA surveys conducted on and . B) 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	{A 077}		

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{A 077}	Continued From page 19 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 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.	{A 077}		

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{A 077}	Continued From page 20 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 findings of DOH as noted in the inspection	{A 077}		

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{A 077}	Continued From page 21	{A 077}		

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 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.

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{A 077}	Continued From page 22 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 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	{A 077}		

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{A 077}	Continued From page 23 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 inablility 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 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 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,	{A 152}		

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{A 152}	Continued From page 24 mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on 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 (45 of 45 Residents) at potential risk of illness or injury.	{A 152}		

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{A 152}	Continued From page 25 The findings included: A) During the revisit survey conducted on , an interview with the Administrator at 9:50 AM, she stated the facility is still in the process of correcting all physical plant concerns identified during prior surveys. She stated, the facility is still making renovations to the rooms, she stated they are removing old furniture (bedding and chairs) throughout the facility and in resident rooms due to them being souled and containing odors. She stated the facility is still actively working with the pest control company to address the roach infestation in the facility (residential side). She stated the pest control company and facility staff have still found evidence of roaches within the facility. The Administrator was also interviewed on at approximately 11:45 AM regarding the status of the facility unsatisfactory residential group inspection, she stated the facility still had not cleared the outstanding violations and were in the process of correcting all violations. She stated the facility is not ready to schedule any reinspection as they are still actively in the process of correcting all violations and repairs. An interview with the DOH inspector on at 12:25 PM, confirmed the facility's inspection was still unsatisfactory for the residential group inspection. They confirmed they were monitoring the facility for corrective measures, however, the facility still had evidence of roaches in the room. A review of pest control service invoices for the , and , , also revealed the presence of roaches. It was also noted that the facility needed to address the housekeeping concerns	{A 152}		

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{A 152}	Continued From page 26 and improve their techniques to support the pest control services. The Administrator also confirmed that the facility still has not installed the commercial washer and dryers for usage for facility use. She stated the facility is still taking the clothes to the laundromat. She stated the concrete has been poured that will support the washers and has to sit for two weeks to harden. She stated that the electricians will come in after the concrete hardens and install the 2 commercial washers and dryers. During a tour of the facility on between 9 AM and 11:30 AM, a tour of the facility was conducted. The tour confirmed that the facility hadn't corrected the prior non-compliance concerns identified from previous surveys conducted on or . B) 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]	{A 152}		

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{A 152}	Continued From page 27 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 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.	{A 152}		

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{A 152}	Continued From page 28 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 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:	{A 152}		

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{A 152}	Continued From page 29 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 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	{A 152}		

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{A 152}	Continued From page 30	{A 152}		

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 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

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{A 152}	Continued From page 31 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. 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	{A 152}		

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{A 152}	Continued From page 32 {3} Cockroaches in rooms: 249(2), 25096), 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 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	{A 152}		

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{A 152}	Continued From page 33 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 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.	{A 152}		

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{A 152}	Continued From page 34 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. 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	{A 152}		

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{A 152}	Continued From page 35 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 her . Resident #4 she had 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.	{A 152}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968596	A. BUILDING: _____ B. WING _____	R 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS AT BOYNTON BEACH ASSISTED LIVING	1708 NE 4TH STREET BOYNTON BEACH, FL 33435

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{A 152}	Continued From page 36 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 , 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 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.	{A 152}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968596	A. BUILDING: _____ B. WING _____	R 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 152}	Continued From page 37 Class I Uncorrected	{A 152}		