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
	AL11969358	A. BUILDING: _____ B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE-LANTANA	1021 RIDGE RD LANTANA, FL 33462

(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 Complaint survey (#2024014111 and #2025000852), was conducted on - at Banyan Place-Lantana. The facility had deficiencies at the time of the visit.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide the level of care, services and appropriate oversight required to meet the needs of the resident who was assessed as a risk. This was evidenced by the failure to implement oversight for 1 of 1 sampled residents, Resident #2 who had multiple with sustained injury requiring transfers to higher level of care for treatment and failure to update the care plan after . The findings include: Review of Resident #2's Health Assessment form	A 025		

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A 025	Continued From page 2 1823 dated on revealed diagnosis including with behavioral issues, , , gait ataxia, , and , . Resident #2 is assessed to ambulate independently with and imbalance. The resident is a risk and requires supervision with bathing, , and self-care. Review of Resident #2 's facility progress note dated on 6:45 AM indicated facility staff heard screams coming from Resident #2's room, where she was found on the floor. Review of Resident #2 's facility progress note dated 6:45 AM indicated the resident in her bedroom and no injuries or were noted. Review of Resident #2 's facility progress note dated on 5AM indicated that the resident was found undressed on the floor in her bedroom. 911 was called and the resident was transferred to the hospital for evaluation. Review of Resident #2 's facility progress note dated on indicated the resident was admitted to the hospital after sustaining a left , . The note further indicates that the resident will be transferred to a rehabilitation facility upon discharge from hospital on . Review of Resident #2 's facility progress note dated on indicated that resident was readmitted to the facility. Resident#2 was assessed to be alert and oriented to surroundings and remembers staff and other residents. Resident #2 is described to be using a wheelchair, and able to self-propel herself. The note further indicates that Resident #2 can	A 025		

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A 025	Continued From page 3 ambulate but requires supervision when doing so. Review of Resident#2 medical record reveals no updated 1823 form after readmission for review. Review of Resident #2 's facility progress note dated on indicated the resident was observed ambulating without a walker or using a wheelchair during the night. Further review indicated that staff educate Resident #2 on safety concerns, and requirement for supervision with ambulation. The resident verbalizes understanding but doesn't retain explanation. Note indicates staff will continue to make rounds at night to minimize risk of . Review of Resident #2 's facility progress note dated 3AM indicated that the resident was found on ground in of the building. The was unwitnessed. Further review indicated that Resident#2 was sent 911 to hospital for evaluation. Review of Resident #2 's facility progress note dated on 1:15 PM indicates the resident returns from the hospital. Resident#2 has _ and _, due to a of zygoma. The resident states she doesn't remember falling. Review of Resident #2 's facility progress note dated 3AM indicated that the resident was found on ground in front of her apartment door. A lone caregiver was on duty and was unable to lift resident. 911 was called for assistant. The resident had no apparent injury. The resident was put into bed. The resident informed staff that she had dressed herself and was going for a walk.	A 025		

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A 025	Continued From page 4 Review of Resident #2 's facility progress note dated 11:30PM the resident is described as getting up out of bed six times that night and sustained a outside her room door. The resident had no apparent injury and required 2 care staff to lift her. Review of Resident #2 's facility progress note dated 12 AM the resident was found in her bedroom, lying on the floor next to the bed. The resident stated she off bed. Review of an updated 1823 dated indicated Resident#2 was wheelchair bound and required physical and , , . Further review of the form did not indicate that the resident had history of or was identified as a risk. The form indicated that Resident#2 requires supervision for ambulation, bathing, , toileting, and transfers. Review of Resident #2 's facility progress note dated on 9:30AM indicated that the resident was found in the bushes with her wheelchair at her side. The note indicates that Resident #2 is unable to lift herself and is unable to speak. The resident was sent 911 to the hospital for evaluation. The resident returns to the facility on . Review of Resident #2 's facility progress note dated on 6:30 AM indicated that the resident was found on the floor in the dining room. Resident#2 stated she hit her . She was assessed to be leaning to her right side and was unable to sit straight in the wheelchair. The Resident was sent 911 to the hospital for evaluation. Resident #2 returns to the facility at 12PM. The resident is alert with and scratches were noted to and forehead.	A 025		

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A 025	Continued From page 5 In an interview with care staff #A on at 6:30AM she stated that Resident #2 was a risk and had had numerous with injuries which required transfer to the hospital for evaluation. She stated that Resident#2 used a wheelchair during the day and was able to self-propel herself. Care staff #A stated that Resident#2 was able to ambulate with a walker but required direct staff supervision. Care staff #A stated that during the night, Resident #2 would attempt to ambulate without the use of her wheelchair or walker which increased her risk of . Care staff #A stated that Resident #2 required increased staff oversight due to the , Care staff #A stated that she makes rounds every 2 hours to check on the residents. In an interview with the Director of Nursing (DON) on at approximately 10:30AM he stated that Resident #2 is identified as a risk and has sustained when not utilizing a walker or wheelchair for ambulation. The DON reviewed Resident #2's current 1823 form dated and confirmed that Resident#2 was assessed to require supervision with ambulation, , bathing, toileting and transfers. The DON confirmed that the current 1823 form did not indicate the resident had a history of and was not identified as a risk. The DON stated that during the day shift, Resident#2 is able to self-propel herself in the wheelchair throughout the facility but during the nighttime the resident would forget to use her wheelchair or walker for ambulation. He stated that Resident#2 required additional staff oversight to monitor for risk. The DON confirmed the facility policy for care staff to conduct resident checks every 2 hours during the night. He stated that even with staff safety instruction to Resident #2, she remains	A 025		

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A 025	Continued From page 6 noncompliant during nighttime hours and has sustained injury as a result. Class III	A 025		