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 _____	08/01/2025

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
A 000	Initial Comments An unannounced Complaint survey, #2025010929 and #2025007933, was conducted on - and at Oasis at Boynton Beach Assisted Living. The provider had a deficiency related to licensure complaint #2025010929 at the time of the visit.	A 000		
A 170	429.24(3)a Resident Refund Policy ....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on records review and interviews, the facility failed to issue refunds due to 2 of 2 sampled residents (Residents #1 & Resident #2), after they left the facility. The facility failed to issue the refunds even 60 days after Residents 1 and 2 left the facility. The findings included: 1) Review of the facility's refund policy states "The facility will make a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident". Review of the admission records documented Resident #1's was admitted to the facility on . Resident #1's health assessment	A 170		

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A 170	Continued From page 1 (AHCA Form 1823 updated) documented the following diagnoses: ; ; ; ; . Resident #1 was Independent with all activities of daily living (ADL), and required assistance with self-administration of medication. Resident #1 financial to the facility, for room and services, was in the amount of $3300.00 dollars per month. Of that amount, Resident #1 paid $1300.00 per month and the remainder totaling $2000.00 dollars was subsidized. Review of the admission, transfer, and discharge log revealed Resident #1 left the facility on . At at 11:33 AM, the Surveyor inquired about possible funds due to Resident #1. The Administrator said after contacting the corporate office that Resident #1 had money left in his account, after he vacated the facility. She said they have not yet sent the refund to Resident #1. She also stated that Resident #1's sister used to pay the portion due by Resident #1's for rent; but, for unknown reasons they started receiving payment directly from another agency. So, when the resident left the facility, they did not send the money to the sister, although she had requested that the balance be sent to her. The Administrator said they had requested that the sister show proof of being Resident #1's power of attorney (POA) before issuing a refund to her. Since the sister did not do so, they never disbursed the funds. An email received from the corporate accounting office on confirmed Resident #1 had $2820.95 remaining in his account. The email also revealed that Resident #1's sister claimed the funds since . However, it was not	A 170		

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A 170	Continued From page 2 until the Surveyor intervened that the facility thought of issuing a refund using Resident #1's name as payee. 2) Review of the Admission Transfer and Discharge log revealed Resident #2 was admitted to the facility on . His diagnoses included: , , , , etc. Further review of the ATD log showed Resident #2 was discharged from the facility on . Review of Resident #2's contract dated documented Resident #2 resided in a semi-private room and was obligated to pay $3100.00 dollars per month. Further review revealed Resident #2's power of attorney (POA) issued a check to the facility totaling $9,300.00 dollars on . The Administrator said the payment was made early to hold the room, but Resident #2 actual moving date to the facility was on . On at 4:24 PM, email evidence received from a source confirmed that in , , the facility received the a check payment for Resident #2's rental agreement while Resident #2 was waiting for his subsidy benefits to be approved. The amount paid was $9300.00 dollars for , , , and . 2025. Later, in , , Resident #2 received confirmation that his benefits were approved with retroactive payment to the facility beginning . However, the facility did not issue any refund to Resident #1 for overpayment despite multiple request made by his representatives since , . At 10:24 AM on , the Surveyor asked the Administrative Assistant if they had a business	A 170		

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A 170	Continued From page 3	A 170		

office at the facility, she said that she and the Administrator handled all business-related matters. The Assistant Administrator was asked to provide evidence of how the resident's rent was paid, whether it was with personal checks or paid by a third party. The administrative assistant said she recalled Resident #2's Power of Attorney (POA) had requested a refund, but she could not find any record of it anywhere. She was not sure if she informed the corporate office about it. She could not find an email related to that. She said she also was not sure whether another agency paid Resident #2 rental responsibilities.

On at 10:55 AM, the facility's Administrator informed the surveyor after receiving an email from the corporate office , that Resident #2 did receive long term care payment, but regardless the amount paid by the long term care agency, the resident would still have been responsible to pay $3100.00 dollars per month, since he was in a private room.

Review of the contract showed that Resident #2 signed to be in a semi-private room which cost $3100 hundred pending long-term care payment. The breakdown of the subsidized payments were as follows:

. 2025

Your gross countable income is $1585.00
$1585.00 $1624.00 $1624.00

Amount you keep for personal needs $251.00
$251.00 $257.00 $257.00

Amount you are expected to pay the $1254.00
$1254.00 $1287.00 $1287.00
nursing facility or provider.

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A 170	Continued From page 4 Based on the evidence, the facility would have owed Resident #2 nearly $4593.00 dollars which were payments received for , , and . The excess payment for ($1505-prorated charges for) should be returned to the long-term care agency since Resident #2 moved to the facility on . During the exit interview with the Administrator and the Administrative Assistant on at about 2:00 PM, the findings were discussed. The Administrator said she would discuss the concerns with the corporate office. Class III	A 170		