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
	AL11965357	A. BUILDING: _____ B. WING _____	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT BOYNTON BEACH AL	4733 NORTHWEST SEVENTH COURT BOYNTON BEACH, FL 33426

(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 (#2025008727 & #2025017704) and Generator Monitoring survey was conducted on at Discovery Village at Boynton Beach AL. The facility had deficiencies related to the Relicensure and Complaint (#2025008727 & #2025017704) at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is	A 010		

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A 010	Continued From page 1 agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must	A 010		

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A 010	Continued From page 2 notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,	A 010		

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A 010	Continued From page 3 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A [redacted] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.	A 010		

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A 010	Continued From page 4 (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess a resident to determine if he/she met the requirement(s) for continued residency for 1 of 1 resident reviewed/interviewed (Resident #2). The findings include: In an interview with the facility's Director of Health Wellness (DHW) on at 2:21 PM, this surveyor made a request for the facility's Supervision policy. She stated she was not sure there was such a policy but would look to see if there was one. No documentation was provided during the survey. A review of the Resident's 1823 dated documented her diagnosis as: , ( ) , Hypercholesteremia, , Memory , Recurrent Major , . A review of the Resident's Progress Notes provided to this surveyor on revealed several were documented within 30 days prior to her last which resulted in her being hospitalized and not returning. They are as follows: Entry dated at 21:13 - Resident had a earlier this evening in her bathroom and landed against wall onto the floor in the bathroom and complaint of , also her B/P was elevated and was sent to Bethesda East for	A 010		

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A 010	Continued From page 5 further evaluation. Acting DHW notified, Daughter and (Name), ARNP B/P (74)LA (84) T.98.9 R. 20 PS02 97% . - (Name), LPN (copy obtained). Entry dated at 13:54 documenting the following: "Resident was left sitting on the toilet by a Caregiver in AL main bathroom in first floor North. Upon returning the Caregiver found resident sitting on the floor, right arm holding the toilet ball bowl. Asked why she , she stated "was getting to the wheelchair." Her wheelchair was parked near the toilet. Denied , or discomfort, she moves all extremities without c/o , or discomfort. NO _ noted upon assessment. Denied hitting . T98.7, P78, R18, . (Name of facility doctor) Notified. Call out to her daughter, no answer. Message left on voice mail. - (Name), LPN. (Copy obtained). Entry dated at 23:54 - "reported to this nurse by medtech (Name) that this ppt had a earlier this evening. She stated (Name) from Memory Care obtained paperwork and 911 was called and resident was transported to Bethesda Eats. This nurse spoke with (Name) HHA who stated she went to check on this resident and found her in the bathroom on the floor. Resident hit her . (Name) Med Tech stated that (Name) staff from memory Care contacted resident's family and informed. This nurse will contact residents doctor (Name) and inform. Nursing will continue to monitor upon her return. - (Name), Director of Health & Wellness. (Copy obtained). Entry dated at 10:15 - This nurse was contacted and informed by (Name) HHA that this resident was on the floor in front of the 1st floor	A 010		

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A 010	Continued From page 6 restroom. This nurse went to evaluate this resident and found her lying on her right side with her touching the floor. No open areas noted. She states she was trying to open the door to the bathroom and sideways hitting her on the floor. No open areas noted. 911 was called and this resident was sent to (Name) hospital for evaluation and treat. This nurse contacted residents daughter and informed her. This nurse also contacted (Name) ARNP and left her a message. Upon residents return nursing will continue to monitor her. In a telephone interview with Resident #2's family member on at 12:57 PM, she stated she asked repeatedly for the facility to implement methods to prevent Resident #2 from falling as she was forever falling. She stated that at the time of Resident #2's last she was paying $800.00 for someone to watch her. She stated Resident #2 hit her so many times it had to have done damage. She stated no one came to visit her or checked on her, and never did anything to prevent it. She also stated no one was in the wellness (Director of Health and Wellness) position at the time of her last . In an interview with Staff M on at 10:53 AM, she stated during the later part (of her stay) she needed help with showers, grooming, ˬ as she was having issues with her right ˬ due to , . And at times she would try to do things on her own and she would due to the problem she had with her ˬ . She stated when you would ask Resident #2 what happened (what caused the), she would say that her ˬ gave way. She stated she was using a walker then she had to get a wheelchair. In an interview with Staff M, Health Care	A 010		

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A 010	Continued From page 7 Coordinator on at 10:57 AM, she stated she works the 7:00 AM - 3:00 PM and other shifts as needed. Relative to the Resident, she stated in the later part (of her stay) she needed help with showers, grooming, as she was having issues with her right due to . And at times she would try to do things on her own and she would because she tried to be independent. She stated Resident #2 had problems with her and would , and when you ask her what happened she would say that her gave way. She stated she was using a walker then she had to get a wheelchair. In an interview with the Administrator on at 3:43 PM, he stated he is not familiar with the incident as he's only been at the facility since , after the incident. In an interview with Staff E, Caregiver on at 3:59 PM, she stated to the surveyor that she didn't work much with Resident #2 as she works the 3:00 PM - 11:00 PM shift, and that she did not during her shift. She stated Resident #2's started , she was hospitalized and . In an interview with Staff M, Care Manger on at 4:07 PM, she stated to the surveyor that Resident #2 used to walk and then she stopped due to her . She stated she did not think Resident #2 was appropriate, but the facility kept her. Then she went to the hospital and never came . A review of the Resident #2's facility file and documents provided to this surveyor during the survey did not document Resident #2 was evaluated to determine whether she continued to meet the criteria for continued residency, despite	A 010		

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A 010	Continued From page 8 numerous . No additional information was provided during the survey. Class III	A 010		
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 resident diets in accordance with Rule	A 025		

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A 025	Continued From page 9 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 to provide care and services appropriate to the needs of 1 of 2 sampled residents (Resident #1) after they expressed exit seeking tendencies. The findings included: A review of Resident #1's file revealed was admitted to the facility's secured memory care unit on . Further review revealed a Resident Health Assessment (AHCA Form 1823) dated . The resident had diagnosis of , in addition to being identified as an elopement risk. He required supervision with all	A 025		

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A 025	Continued From page 10 activities of daily living except for eating. However, the resident was not indicated as requiring 24- hour nursing care or , , care. A review of progress notes in Resident #'1 file revealed that he had successfully eloped from the facility on and made it to I-95. Subsequently, he had two elopment attempts thereafter dated and where he exited the memory unit and was in another area in the facility. There was no documentation in the file regarding what the facilty had implemented to prevent reocurrence. During an interview with the Director of Memory Care on at 12:06 PM, she stated that she could not explain how the resident got out on . She further stated that there had been no elopement attempts since then. When asked what has been implemented to prevent reoccurrence, she stated the staff was keeping a close , on the resident by keeping him engaged and redirecting him. When asked for documentation of the monitoring system for Resident #1, she stated she did not have any. During a tour of the facility's memory care unit on at 3:18 PM Resident #1 was observed attempting to elope once more. The resident was observed pacing up and down the unit repeatedly and eventually making his way towards the exit door. Resident #1 then attempted to exit the unit by pressing keypad multiple times. There was no staff present at the time monitoring him or the door. During an interbiew with the Administrator on at 4:18 PM, he was notified that the facility had failed to provide the appropriate level	A 025		

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A 025	Continued From page 11 of supervision needed to prevent Resident #1 from eloping. He was further notifed that there was no documentation of what was implemented to prevent reoccurrence. Class III	A 025		

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ZZ830	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	ZZ830		

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ZZ830	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	ZZ830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965357	A. BUILDING: _____ B. WING _____	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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ZZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to timely submit or secure approval of the Comprehensive Emergency Management Plan (CEMP). The finding include: On the Administrator provided this surveyor with their CEMP 2026 binder. A review of the binder revealed their Comprehensive Emergency Management Plan (CEMP) letter from the Local Emergency Management Division dated , , documenting it could not be approved in its current state (copy obtained). In an interview with the Administrator on at 9:43 AM, he stated the submission was rejected and he is working to correct and resubmit it. On the Administrator provided this surveyor with their CEMP Portal Activity Printout from the Local Emergency Management Division. A review of the document revealed the last submission (prior to the current submission) was , , and was approved. The next submission was , and was rejected. The next submission was dated , , and was rejected. No other information/documentation was provided during the survey. Class III	ZZ830		