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
	AL11966133	A. BUILDING: _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY OAK PALM BEACH COUNTY	6026 OLD CONGRESS 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 (#2026010941) survey was conducted on at Cherry Oak Palm Beach County. The facility had deficiencies at the time of the survey.	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 resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 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 record review and interview, the facility failed to provide supervision/care to ensure residents' general health was met through the provision of care and services appropriate for their needs. And/or provide documentation that the care and services were provided to meet the health needs of 4 of 4 residents reviewed/or interviewed (Residents #1, #2, #3, and #4). The findings include: a). In an interview with the Administrator on at, a request was made for the facility's Supervision policy and procedures. She stated they do not have a specific policy on	A 025		

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A 025	Continued From page 2 supervision; they document the residents care in their file/charting notes. A review of Resident #2's Charting Notes (All Time) documented: "this morning, A caregiver found (Resident #2) on the floor near the laundry hall. Paramedics were called to assess and assist him. Upon assessment, he was noted to have a minor scratch. Then paramedics transported him to (Local hospital) for evaluation (copy obtained). A review of Resident #2's facility file and documents did not reveal any documentation related to how the Resident developed a ( )/or , . Review of Resident 32's file did reveal he presented to the hospital several times in 2026 as follows: - A review of the Resident's file revealed a hospital Patient Visit Information report from (local hospital) dated documenting he presented/was seen for and - A review of the Resident's file revealed a hospital Patient Visit Information report from (local hospital) dated documenting he presented/was seen for and - A review of the Resident's file revealed a hospital Patient Visit Information report from (local hospital) dated which documented Resident presented and was seen for a with Uncertain Cause (copy obtained). - A review of the Resident's 1823 dated by this surveyor documented Resident #2's diagnosis as	A 025		

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A 025	Continued From page 3 (, , , , and , . In an interview with the Administrator on at 9:59 AM, she stated Resident #2 has a , ( ) that comes from the . She stated they have Home Health that comes and changes it every month, and that he is pretty good at emptying it himself. She stated that the 6:00 AM - 2:00 PM caregivers found him in the hallway by the laundry room and staff called paramedics to assist him. She stated they took him to (local hospital) where he is currently. During the interview with the Administrator on beginning at 9:59 AM, a request was made to the Administrator by this surveyor, for the Home Health Agency visitation logs documenting their visits to change/or assist Resident #2 with his . She stated it would be in the Nurse's Station and called the station to get it. This surveyor was provided with a blue two-pocket folder from (Home Health Agency). A review of the folder revealed documents that included the Patient Election form, Advance Directives, Patient Choice and a brochure from the Agency. It also included the Home Health Certification and Plan of Care document dated with a certification period - . However, it did not contain any documentation of care provided or dates of visits. She stated she would look to see if there was additional information. In an interview with Staff C, MedTech, on at 10:43 AM, she stated She stated Resident #2 has a , ( ) which the nurse changes each month, and she never noticed any changes in his health condition.	A 025		

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A 025	Continued From page 4 In an interview with Staff D, MedTech on at 10:46 AM, she stated he was doing fine, Resident #2 has a ( ), and he was found on the floor by staff. She stated she wasn't there, so she did not have any additional information. In an interview with the Administrator on at 4:15 PM, she stated when she gets to the facility the nurse is gone. But it would be a good idea to get documentation of their visits/treatment from them. No additional information was provided during the survey. b). A review of the Resident #1's Charting Notes (All Time) provided to this surveyor documented an entry dated at 5:00 PM: "He was choking while he was eating. He can't breathe neither speak. We asked to the resident to try to . He couldn't. Heimlich Maneuver was performed and Emergency called immediately." (copy obtained). A review of the Accident/Incident/Illness Report dated documented: (Resident #1) was chocking whole he was eating - can't talk, neither , breathe, he was only gasping. Emergency called immediately and the Heimlich procedure was performed. Review of the Resident's 1823 dated did not document he had a swallowing/or choking problem. A review of the Resident's (Long Term Care organization) Comprehensive Plan of Care with an Effective Date of documented he required assistance with eating 6 times a day, or as needed (PRN). In an interview with Staff D, MedTech on at 10:46 AM she stated Resident #1	A 025		

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A 025	Continued From page 5 was good, he takes his medications, and he exhibited no signs of obvious health issues. She stated he was working on Sunday ( ) and around 5:00 PM Sunday evening he was eating and started choking. She stated 911 was called and he was taken to the hospital. She stated she was passing medications in the in the main living/tv room and was called to the dining room. She stated when she got there the paramedics were already at the facility assisting the resident. In an interview with Staff E, Resident Care on at 11:28 AM, she stated Resident #1 was choking while he was feeding (motioning with her right as though someone was feeding him) in the small dining room (located in the Northwest section of the facility), and staff called 911. She stated she was on the other side of the facility providing assistance to a resident, so she did not witness the incident. In an interview with Staff I, Resident Care on at 3:32 PM, she stated she was helping with the dinner meal and gave Resident Richard Kane his food. She stated she was passing out the meal to the other residents in the (small) dining room. She finished and was leaving when she heard someone say Resident #1 is choking. She stated she went to him and he was choking and not breathing. She said she called his name and he didn't respond, his , (rolling her / , backwards). She stated she then started the Heimlich procedures (demonstrating with her arms around her waist), but no food came out, just water. So, she told someone to call 911 and they came and took over. She stated the Resident could/was feeding himself when the incident happened.	A 025		

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A 025	Continued From page 6 c). During observation of the Small Television (TV) room located in the Northwest section of the facility by this surveyor on at 10:42 AM revealed a loud smell. During observation of the room this surveyor observed 4 residents sitting in the room amidst the smell. In an interview with Resident #3 on at 11:01 AM inside the small TV room, he was observed dressed in a tank top and short pants that were soiled. The Resident also had a loud smell emanating from his body. During the interview Resident #3 was also observed sitting in a dirty wheelchair with a broken seat. In an interview with Resident #5 on at 11:04 AM, inside the small TV room she stated she has not had a shower in a month and must do them herself when she does. She stated she needs help with her showers and Activities of Daily Living (ADLs) as she is unable to shower unassisted due to her inability to walk and stand independently. Resident #5 was observed by this surveyor using her walker for ambulating during the interview. In an interview with the Administrator on at 4:23 PM, she was reminded by this surveyor that the resident shower logs requested had not been received. She stated they were posted there (in the Nurses station) and left to go get it. In an interview with the Administrator on at 4:26 PM she was informed that Resident #3 had a smell the entirety of the survey. She was also informed that Resident #4 stated she has not had a shower in a month and is requesting assistant with a shower. The Administrator stated Resident #4 wants to get a	A 025		

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A 025	Continued From page 7 shower 7 days a week. And if she doesn't get it, she will tell anyone that she hasn't had a shower. This surveyor again requested documentation the resident(s) are receiving assistance with showers. She stated they do not have a shower log at this time, but it would be a good idea to implement one. As the facility does not have/or was unable to provide documentation of the assistance with ADLs provided for Residents #2, #3 and #4; and care provided to Resident #2, it could not be confirmed the residents had in fact received such care. No additional information was provided during the survey. Class III	A 025		
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.	A 030		

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A 030	Continued From page 8 (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The 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	A 030		

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A 030	Continued From page 9 facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there 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	A 030		

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A 030	Continued From page 10 make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or 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	A 030		

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A 030	Continued From page 11	A 030		

facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the 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

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A 030	Continued From page 12 Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a 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.	A 030		

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A 030	Continued From page 13 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify a resident's family member or responsible party of a change in a resident's condition for 1 of 2 residents reviewed (Resident #1). The Findings Include: A review of Resident #1's Accident/Incident/Illness Report dated documented: (Resident #1) was chocking whole he was eating - can't talk, neither , breathe, he was only gasping. Emergency called immediately and the Heimlich procedure was performed. Review of Resident #1's 1823 dated did not document he had a swallowing/or choking problem. A review of the Resident's (Long Term Care) Community Care Comprehensive Plan of Care with an Effective Date of documented he required assistance with eating 6 times a day, or as needed (PRN). In a confidential interview on at 4:44 PM the interviewee stated, she had called the facility several times to speak with the Administrator and has not been able to. She stated she called the facility on Monday and Tuesday and had not gotten a call . She stated she spoke with the front desk and asked for the Administrator and was told she was not available. She said she called again on Tuesday ( ) and the Administrator answered the phone and told her that the Administrator was not there and transferred it to another person who also told her that the Administrator was not there.	A 030		

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
	AL11966133	A. BUILDING: _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY OAK PALM BEACH COUNTY	6026 OLD CONGRESS LANTANA, FL 33462

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A 030	Continued From page 14 She stated she knows the Administrator's voice and that it was her that answered on . She further stated that as of today , she still has not heard from the facility. And that the only communication she has had, has been with the Nurse Practitioner at the hospital. In an interview with the Administrator on at 4:13 PM, she stated (local hospital) never communicate with them, which is part of the problem. She stated she is not aware of where Resident #1 is at this point as the hospital communicates with the case managers, but not them. During the interview she called the Resident's case manager who informed her that Resident #1 is now at local rehabilitation facility. During the survey no documentation was provided to this surveyor documenting Resident #1's family members or the party responsible was notified of his change of condition/or hospitalization as required. No additional information was provided during the survey. Class III	A 030		