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 _____	09/03/2026

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

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A 000	Initial Comments An unannounced Complaint (#2026015188) survey was conducted at the Oasis at Boynton Beach on - . The facility had deficiencies 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 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	A 010		

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A 010	Continued From page 1 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 notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (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, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within	A 010		

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A 010	Continued From page 3 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , 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. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow regulatory readmission criteria for appropriate continued residency regarding resident's dietary needs. As evidenced by the failure to ensure the dietary needs were met for 1 of 1 sampled residents, Resident #1 with a history of a swallowing requiring a prescribed specialized dietary menu. This failure resulted in significant loss for Resident #1. Cross reference A 0093 for additional information. The findings include: During an observation of Resident #1 on at approximately 10:15 AM, the resident was lying in her bed. When asked if she had received breakfast that morning, Resident #1 stated she was offered two cups of yogurt. When questioned if she was offered any additional food, she stated no. In an observation of the facility's main dining room posted lunch menu for indicated taco meat (3 oz); ½ cup yellow rice; ½ cup chili; ½ cup corn and ½ cup fruit salad. In an observation of Resident #1's lunch meal on at 12:10 PM, her meal consisted of a bowl of brown soup broth with one corn kernel, one green bean, and one carrot slice and a few pieces of shredded beef. The resident was also served mashed sweet potatoes along with two cups of orange juice. Resident #1 was observed to feed herself, lifting the plastic spoon to her and eating her meal quickly. She stated that she was always hungry and craving other foods. She stated that she was served the same	A 010		

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A 010	Continued From page 5 food items daily, applesauce, yogurt and pudding. In an observation of the facility's main dining room posted dinner menu for indicated pull pork on (3 oz); ½ cup macaroni salad; ½ cup corn and ½ cup dessert of day. In an observation of Resident #1's dinner meal on at 4 PM, her meal consisted of a bowl of brown soup broth with one corn kernel, one green bean, one carrot chunk, and a . The resident also was served mashed sweet potatoes along with a cup of applesauce and chocolate pudding. The applesauce and pudding containers were not labeled as sugar free. In an observation of Resident #1's personal room refrigerator on at 4 PM revealed over thirty containers of applesauce and puddings, none were labeled sugar free, along with three bottles of Ensure protein supplement. Resident #1 stated that any uneaten items from her meals, she placed them in the refrigerator. Review of Resident #1's medical record indicated the resident was sent to the hospital on after sustaining a with injury. While at the hospital, the resident was assessed to have serious life-threatening issues which required surgical intervention. The record indicated that after a complicated hospital course, Resident #1 was admitted to the hospital inpatient skilled rehabilitation unit on for acute rehabilitation services. Further review of Resident #1's medical record indicated the resident has diagnoses of (dependent), ( ), / left sided and	A 010		

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A 010	Continued From page 6 . Resident #1 was prescribed a pureed (level 4) low diet and nectar thickened liquids for . On , Resident #1's is documented as ( ). Review of the International Diet Standardization Initiative (IDDSI) webpage indicated a pureed level 4 diet consists of smooth, moist, and lump-free foods that require no biting or chewing and that the texture is prescribed for patients with swallowing difficulties. Any liquid food items must be blended to the same thick consistency and cannot be drunk from a cup or sucked through a straw. Additionally, any food item should be pudding-like in texture. Review of Resident #1's Resident Health Assessment 1823 form dated indicated the resident had limitations with balance, endurance and activity level. The resident has and requires supervision with eating and self-care and assistance with ambulation, bathing, , toileting and transfers. Resident #1 is assessed to require a pureed, nectar thick diet. The resident's is documented at ( ). The form further indicated the resident required home health agency services including nursing services, , , and , . Review of Resident #1's facility progress notes date indicated the resident remained in the hospital with plans for surgery. Further review of facility progress notes provided indicated no re-admission note for Resident #1 with discharge orders or plan. There was no documentation on any home health agency services arranged by the facility or discussed with the health care provider upon resident readmission.	A 010		

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A 010	Continued From page 7 Review of a physician order for Resident #1 dated indicated a request for a hospice evaluation with the diagnosis of functional decline. Review of the progress notes indicated no documentation if the hospice evaluation was conducted by a hospice provider. No documentation was available for review if the resident declined or refused the physician order. Further review of Resident #1's progress notes indicated on the resident "was on a pureed diet with thickened liquids. The resident is documented as requesting soda beverage and instructed by staff about her prescribed dietary restrictions." In an interview with the facility's Wellness Coordinator on at approximately 11 AM she confirmed that Resident#1 was prescribed a pureed diet and thickened liquids. The coordinator stated that Resident #1 was yet "loved her sweets" and would ask other residents to get her sugary drinks, sodas and candies. The coordinator stated that the health care provider had ordered a hospice evaluation on Resident#1's re-admission, but when facility staff, not a hospice provider, spoke with Resident#1 about hospice services, the resident declined. The coordinator acknowledged that there was no documentation about the residents' refusal or a report to the physician on her decision. The coordinator stated that Resident #1 had and would randomly after ingesting food. The coordinator stated that the resident was noncompliant with her dietary orders, eating sugary sweets and drinks. The coordinator stated that Resident #1 had recently gone for a swallowing study and results were pending. The coordinator stated that	A 010		

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A 010	Continued From page 8 progress notes are completed at least weekly but acknowledged that the notes are incomplete. When asked if Resident #1 had lost ˘ since her re-admission, the coordinator stated she was unaware, but the resident had expressed she was ˘ and had wanted to lose ˘ . When questioned about how Resident #1 was receiving her medications, the coordinator stated that the resident is given the whole medication, in pill/ capsule form and medications are not being crushed. The coordinator stated "Resident #1 has been able to swallow the medications with no issues." The coordinator stated she had not contacted the physician to discuss how the prescribed medications are being provided to the resident. During surveyor intervention on at approximately 1 PM, Resident #1 was ˘ by the Wellness Coordinator. The resident was observed to ˘ . based on the facility standing scale. Review of Resident #1 record revealed the following ˘ measurements: - ; - . and - . Resident #1 has lost . from her re-admission to the facility on until . The coordinator stated again that Resident #1 had "wanted to lose ˘ ." Further review of Resident #1's progress notes indicated no documentation of any refusal of provided menu items, no ˘ measurements were taken since readmission, no communication to the health care provider of any concerns about ˘ after food intake, no communication about the medications taken whole by and no documentation of home health services including physical or .	A 010		

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A 010	Continued From page 9 Review of Resident #1's Medication Observation Record for revealed the resident was prescribed fourteen oral medications in the morning and eight medications in the evening/ night. Review of the physician orders indicated the medications are swallowed whole by the resident. Review of Resident #1's physician order dated indicated the resident required dosage twice a day and 13 units every evening administered by a Home Health Agency nurse. Review of Resident #1's medication administration record dated indicated fluctuating daily measurements ranging from 70-340 mg/dL, the resident was administered by the nurse as ordered based on the measurements. In an interview with the facility's Food Manager on at 10:30 AM he stated he was responsible for the facility's dietary management. He stated he recently completed the required annual dietary training to direct the kitchen activities. He acknowledged that Resident#1 was prescribed a pureed diet and thickened liquids. He stated that Resident#1 preferred to eat in her room, so meals were brought to her. When questioned what foods were allowed on a pureed diet, he stated poached eggs, oatmeal, grits, yogurt, mashed potatoes and Ensure, protein supplement. He was asked to provide the facility's policy regarding pureed diets approved by the dietary consultant. The Food Manager provided the list of allowed foods for each daily meal along with serving portions to meet pureed dietary requirements. The pureed list was reviewed with the manager, and he stated that he did not have any food provisions to make the required meals	A 010		

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A 010	Continued From page 10 for Resident #1. He stated that he was not utilizing the food items listed on the facility main menu but was "creating" meals for Resident #1 based on what "soft food" items he had available, like premade soups. When he was asked if he had pureed any food, he stated he had not. He stated that he was not aware of Resident #1's food preferences and dislikes. In an interview with the facility's Consulting Dietician on at approximately 9:15 AM she stated that she had been notified by the facility administration of dietary concerns with Resident #1. She stated that she had provided the facility with a pureed diet protocol to meet residents' daily nutritional requirements. She stated that the facility kitchen staff are not following her guidance for pureed diet orders. She stated that the facility should be utilizing the guidance to purchase appropriate foods for the approved menu and pureeing each item separately to create a pleasing meal to be presented to the resident. She acknowledged that the facility kitchen staff had failed to follow the written guidance she provided to them and have not reached out to her for any guidance. When she was informed that the facility staff did not have a functioning blender/ food processor, she expressed great concern. She stated that the facility could purchase premade pureed meats, veggies and starches which would meet required dietary standards. She was informed about the resident's ⌄ loss and stated that she was very concerned about the rapid ⌄ loss and if Resident #1 was now stuck in a " ⌄ loss cycle". She stated that the resident's current ⌄ was worrisome. She stated that she was very concerned that the facility staff had no awareness about potential ⌄ loss with the diet currently being provided and their failure to	A 010		

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A 010	Continued From page 11 contact the healthcare provider about the resident's ⌄ loss and bouts of ⌄. In an interview with Administrator on at approximately 4 PM,she was informed about the surveyor observations of meals provided to Resident #1 throughout the day on . She stated that she was unaware that kitchen staff were not following dietary guidance in preparing meals for Resident #1. She stated that the kitchen staff had not informed her that there was no working blender/ food processor to meet puree diet requirements. The Administrator stated that there was food onsite and available to prepare appropriate meals for Resident #1. She stated that she didn't understand why she was not informed about the situation. When she was asked about potential risk of ⌄ loss for Resident #1, she stated that she was unaware of any ⌄ loss. The Administrator was informed that Resident#1 was ⌄ by the Wellness Coordinator on after surveyor intervention. Resident #1's ⌄ measurement revealed a fifteen-. ⌄ loss since her readmission to the facility in ⌄ . The Administrator was visibly upset and stated she was immediately going out to purchase a new blender. In an interview with Resident#1's physician on at approximately 4:15 PM he was informed about the surveyor's observations of meals served to Resident #1 on . The physician was informed that the facility kitchen staff were not following the approved dietary standards/ guidance from the consulting dietician regarding pureed diets. The physician was informed that Resident #1 expressed that she was always hungry and was not served foods she liked or required. He was informed about the	A 010		

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A 010	Continued From page 12 resident's . ˬ loss from readmission in ˏ until . The physician stated that the entire situation, the failure to provide appropriate food was unacceptable and the resident's rapid ˬ loss was very troubling and dangerous. He stated he would immediately contact the Administrator to recommend that Resident#1 be transferred to a higher level of care facility since the facility was not meeting the resident's daily nutritional needs. Review of the facility's "Therapeutic/ Special Diets" policy dated indicated the purpose was to provide ordered diets safely and consistently. The policy further indicated that the facility would maintain and implement this policy to promote resident health, safety, dignity, regulatory compliance, consistent staff practice and accurate documentation. The policy indicated procedures and staff responsibilities to include obtain and maintain current diet orders when required; communicate diet restrictions to dietary and responsible care staff; do not make unauthorized therapeutic diet changes; and report repeated refusal, ˬ /intake concerns or inability to meet diet need to the appropriate provider/ Administrator. Review of Resident #1's Swallowing Study test results from . The facility received the test results on and provided the surveyor with the test results for review. The test results include recommendations: Oral diet of minced and moist solids/ nectar thick liquids/ medications to be crushed in puree and follow all . precautions. Any further dietary restrictions/ allowances per physician. The test revealed swallowing strategies recommended for oral intake including: feed only when awake/alert consume small bites/sips, slow rate of intake,	A 010		

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A 010	Continued From page 13 alternate liquids/ solids, double swallows per bite/sip, sit upright, positioning 90 degree and remain upright for at least 30 minutes for all meal intake. , . , services are recommended as well as daily oral prevention hygiene to include brushing at least twice daily. Class II	A 010		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must	A 093		

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	AL11968596	A. BUILDING: _____ B. WING _____	09/03/2026

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

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A 093	Continued From page 14 serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable	A 093		

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A 093	Continued From page 15 residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview and record	A 093		

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A 093	Continued From page 16 review, the facility failed to ensure that provided therapeutic diets meet national nutritional standards as per regulatory guidance. As evidenced by the failure to prepare and serve meals to 1 of 1 sample residents, Resident #1 who was prescribed a specialized diet for a medical diagnosis and resulted in unplanned ˬ loss. The findings include: During an observation of Resident #1 on at approximately 10:15 AM, the resident was lying in her bed. When asked if she had received breakfast that morning, Resident #1 stated she was offered two cups of yogurt. When questioned if she was offered any additional optional food items, she stated no. In an observation of the facility's main dining room posted lunch menu for indicated taco meat (3 oz); ½ cup yellow rice; ½ cup chili; ½ cup corn and ½ cup fruit salad. In an observation of Resident #1's lunch meal on at 12:10 PM, her meal consisted of a bowl of brown soup broth with one corn kernel, one green bean, and one carrot slice and a few pieces of shredded beef. The resident also was served mashed sweet potatoes along with two cups of orange juice. The resident was observed to feed herself, lifting the plastic spoon to her and eating her meal quickly. She stated that she was always hungry and craving other foods. She stated that she was served the same food items daily, applesauce, yogurt and pudding. In an observation of the facility's main dining room posted dinner menu for indicated pull pork on (3 oz); ½ cup macaroni	A 093		

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A 093	Continued From page 17 salad; ½ cup corn and ½ cup dessert of day. In an observation of Resident #1's dinner meal on at 4 PM, her meal consisted of a bowl of brown soup broth with one corn kernel, one green bean, one carrot chunk, and a . The resident also was served mashed sweet potatoes along with a cup of applesauce and chocolate pudding. The applesauce and pudding containers were not labeled as sugar free. Review of Resident #1's Resident Health Assessment 1823 form dated indicated the resident has and requires supervision with eating and self-care and assistance with ambulation, bathing, toileting and transfers. Resident #1 is assessed to require a pureed, nectar thick diet. The resident's is documented at ( ). Review of Resident #1's medical record indicated the resident was sent to the hospital on after sustaining a with injury. While at the hospital the resident was assessed to have serious life-threatening issues which required surgical intervention. The record indicated that after a complicated hospital course, Resident #1 was admitted to the hospital inpatient skilled rehabilitation unit on for acute rehabilitation services. Further review of Resident #1's medical record indicated the resident has diagnosis' of (dependent), ( ), and . Resident #1 was prescribed a pureed (level 4) low diet and nectar thickened liquids for . Review of the International Diet Standardization Initiative (IDDSI) website	A 093		

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A 093	Continued From page 18 indicated a pureed diet level 4 consists of smooth, moist, and lump-free foods that require no biting or chewing and that this texture is prescribed for patients with swallowing difficulties. Any liquid food items must be blended to the same thick consistency and cannot be drunk from a cup or sucked through a straw. Any food item should be pudding-like in texture. In an interview with the facility Food Manager on [redacted] at 10:30 AM he stated he was responsible for the facility's dietary management. He acknowledged that Resident#1 was prescribed a purred diet and thickened liquids. When questioned what foods were allowed on a pureed diet, he stated poached eggs, oatmeal, grits, yogurt, mashed potatoes and Ensure, protein supplement. He was asked to provide the facility's policy regarding pureed diets approved by the dietary consultant. The Food Manager provided the list of allowed foods for each daily meal along with serving portions to meet pureed dietary requirements. The pureed list was reviewed with the manager, and he stated that he did not have any food provisions to make the required meals for Resident #1. He stated that he was not utilizing the food items listed on the facility main menu but was creating meals for Resident #1 based on what "soft food"items he had available, like premade soups. When he was asked if he had ever pureed any food items, he stated he has not. Class II	A 093		