

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942866	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COURTYARDS ASSISTED LIVING (THE)

**26455 RAMPART BLVD.
PUNTA GORDA, FL 33983**

(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 for complaint #2021005531 & #2021001544 was conducted 4/26/21 through 4/27/21 at The Courtyards Assisted Living, an assisted living facility in Punta Gorda, Florida. Complaint #2021005531 was substantiated at tag A0081, A0082, CZ814 & CZ815 on accompanying follow-up survey ZIMD12 as a re-cite of continuing non-compliance. Complaint #2021001544 was substantiated at tag A0030 on accompanying follow up survey ZIMD12 as a re-cite of continuing non-compliance.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE