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
	AL11911412	A. BUILDING: _____ B. WING _____	03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD PLAZA	15520 NW 2 AVENUE NORTH MIAMI BEACH, FL 33160

(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 A Complaint Survey (#2023001391) was conducted in conjuction with a fifth revisit for a Change of Ownership survey, two complaint investigations (#2020019654 & #2020017280) and a full survey revisit at Courtyard Plaza on . . . . . Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=E	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,	A 025		

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A 025	Continued From page 1 including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 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 maintain documentation of significant changes in three out of seven sampled residents' records (Resident #5, Resident #6 and Resident #7) . Findings included: Review of the facility's incident reports revealed "On I heard [Resident #5] yelling for help when I went into his room he was in the bathroom laying flat on his , helped him up and put him	A 025		

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A 025	Continued From page 2 ... in bed. The resident refused hospitalization." Further review of the facility's incident report revealed "On [Resident #5] at the snack machine he said he is okay after we called the paramedics they checked him and he refused to fo to the hospital and they left. The reisdent refused hospitalization." Review of Resident #5's health assessment completed on ... revealed Diagnose of idiopathic normal pressure , , type 2 ... without complications, ... , , ( ), , ( ), ... unspecified ... , , of , d deficiency, age related nuclear ..., left , , unspecified hearing loss, and , unspecified ... The resident had physical limitations of generalized , unsteady gait, hard of hearing and a ... status of mild memory , , calm , . The reisdent had universal and risk precautions and required supervision with ambulation, bathing, ..., grooming, and was independent with eating, toileting and transferring . Review of Resident #5's record revealed no documentation of the resident's . Review of the facility's incident reports revealed Resident #6 "On ... Resident had unwitnessed in room. Resident was assisted by night shift CNA [Certified Nursing Assistant.]. Resident seen in courtyard sitting in his wheelchair relaxing this morning before having his breakfast. Resident stated that he is doing fine."	A 025		

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A 025	Continued From page 3 Review of Resident #6's health assessment completed on revealed the resident had been diagnosed with , ( ), acquired ( ), , History of / . Used a wheelchair due to lower extremities . Alert and oriented times 2, forgetful, very soft spoken. Universal and risk precautions. Required assistance with ambulation, supervision with and transferring and was independent with bathing, eating, grooming and toileting. Review of Resident #6's record revealed no documentation of the resident's . Review of the facility's incident reports revealed Resident #7 "On resident reported to DON 'Last night I rolled out of bed when I was sleeping. It woke me up and I hit my on the chair at the end of my bed. I couldn't get up by myself but the staff came into my room and helped me to bed' Denied . Denied hospitalization." Review of Resident #7's health assessment completed on revealed Diagnoses of tobacco dependence, , valvular , ( ), overactive , fecal and . The resident had no physical limitations and a status of alert and oriented to person and place. The resident required universal precautions and was independent with all activities of daily living. Review of Resident #7's record revealed no documentation of the resident's .	A 025		

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A 025	Continued From page 4 During an interview on . . . . . at 12:22 PM The Administrator stated "Our nurse left us with a lot of filing, she has not put them in the records yet. I was having a little issue with the nurse because she wasn't following things through. She was the one following up with those incidents and I would ask her to report things to me but she didn't and we had to separate from her. We would ask her if she documented and she said she handled everything. She did all of the communication and notes. But it turns out she wasn't doing what needed to be done." Class III	A 025		