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
	AL11969656	A. BUILDING: _____ B. WING _____	04/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD GARDENS SENIOR LIVING	3005 S CONGRESS AVENUE 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 licensure Complaint (#2024001910, #2024002513) survey was conducted on at Courtyard Gardens Senior Living. The facility had deficiencies related to Complaint #2024002513 at the time of the survey.	A 000		
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. (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	A 030		

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A 030	Continued From page 1	A 030		

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 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

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A 030	Continued From page 2 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 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	A 030		

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A 030	Continued From page 3	A 030		

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 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

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to honor resident rights by ensuring that residents, guardians, or other responsible party received refunds without coercion or intimidation for Nine (9) of Nine (9) Residents reviewed (Resident 1 thru 9). The Findings Include:	A 030		

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A 030	Continued From page 6 A review of the facility's Residency Agreement revealed the term of refunds on page 7, Section H. Refunds. It documented the following: 1). You shall receive a refund of any payments to which you are entitled within thirty (30) days of termination of this Residency Agreement. The Community may deduct costs associated with repairs or replacements required in connection with any change, beyond normal wear and tear, which the Community determines to be your responsibility. The Community shall provide you or your estate with written notice of any claim against your refund (including repair or replacements costs) and allow ten (10) days for your estate to respond prior to deducting such amount(s). 2). In the event of your , the Community shall return all refunds to the Executor or Administrator of your estate, if one has been appointed at the time of disbursement of such funds and, if not, to your spouse or adult next-of-kin. If such individuals cannot be located, funds will be disbursed as allowed under law. Further review of the facility's Residency Agreement under Resident Right at page 18, Section O documented the following: You as a resident, may file a lawsuit to enforce these rights, without fear or personal harm (Section 429.29, Florida Statutes). Contact the Ombudsman Council with your problems or questions at (888)-831-0404. (copy of document obtained). Review of the Agreement under ASSISTED LIVING ARBITRATION AGREEMENT, at pages 25, 26 and 27 outlines the facility's process for arbitration (Copy obtained).	A 030		

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A 030	Continued From page 7 Additional review of the facility's Residency Agreement under REPORTING , NEGLECT, AND " at pages 18 and 19 documented the following: This facility has zero tolerance for any form of resident , neglect, or , by any individual. It also documented the following on page 19: " " Means a person who: A). Stands in a position of trust and confidence with a adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a adult's funds, assets, or property with the intent to temporarily or permanently deprive a adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the adult; or B). Knows or should know that the adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the adult's funds, assets, or property with the intent to temporarily or permanently deprive the adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the adult. A review of the facility's Global Release/Non-Disclosure Agreement documented the following: 1.The releasor, on behalf of himself, his heirs, executors, administrators, and assigns, hereby fully release, satisfies, remises, and forever discharges Boynton Beach Healthcare Services DBA Courtyard Gardens Senior Living, herein called "Releases" of all, and all manner of action and actions, cause and causes of action, suits, debts, sums of money, accounts, covenants, contracts, controversies, agreements, promises,	A 030		

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A 030	Continued From page 8 trespasses, damages, judgements, executions, claims, and demands whatsoever, in law or in equity, which Releasor, hereafter can, shall or may have, against Releases, for, upon or by any reason of any manner, cause or thing whatsoever, known or unknown, accrued or unaccrued, including without limitation ...." (Copy obtained). The form also documented "This release, waiver, Indemnification and hold harmless provision is meant to include all risks that may arise, inherent and otherwise, known and unknown." The second page of the document is a notary page which is also required prior to receiving a refund. A review of the Resident #1's Residency Agreement (Agreement) which he signed on , , , , , , , did not include as a part of the Agreement, or as an attachment or Addendum, the Global Release/Non-Disclosure form. Nor was there any documentation in Resident #1 facility file that he was informed at that time of Admission of the facility's Global Release/Non-Disclosure Agreement, which the facility requires be signed and notarized prior to residents receiving a refund for which they are entitled. As such, Resident #1 had no knowledge beforehand of the facility's requirement. In an interview with the Administrator on at 9:24 AM he stated he thought the situation was behind them as they returned the monies owed to the Resident. He stated the Resident wanted to give the money to his Care Manager to deposit and that was done. A request was made for the cashier's check that was sent to the case manager on behalf of Resident #1. The Administrator provided this surveyor with a copy of the Cashier's check #530------ from	A 030		

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A 030	Continued From page 9 (Bank) bank in the amount of $10,155.00 (copy obtained). Review of the documents related to Resident #1s refund also revealed a Global Release/Non-Disclosure Agreement which was not signed. In an interview with Resident #1's Case Manager on at 10:02 AM she stated the Resident did receive his refund and that they recanted and said he did not have to sign the document (Global Release/Non-Disclosure) form. In an interview with the Administrator on at 9:24 AM he stated he thought the situation was behind them as they returned the monies owed to the Resident. This surveyor made a request to the Administrator for a copy of the cashier's check that was sent, and for a list of all the refunds made to residents/or their responsible party from , to present. In an interview with the Administrator on at 12:01 PM he stated they did not have a list of the residents who had received a refund but provided this surveyor the "Payment Record" with a copy of the check for each (copies obtained). A review of the facility's resident documents related to refunds revealed some were not dated, and the following: -Resident #3: Refund amount $4,295.49 on . . . . . - Global Release document dated __, 2023 and signed (Designee) and notarized by (Notary) on . . . . .). -Resident #4: Refund amount $900.00 on . . . . . - Global Release document dated , , 20203 and signed by (Designee) and notarized by (Notary) on . . . . .). -Resident #5: Refund amount $5,165.00 on	A 030		

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A 030	Continued From page 10 . . . . . - Global Release document dated , , 20203 and signed by POA and notarized by (Notary) on . . . . .). -Resident #6: Refund amount $2,460.00 on . . . . . - Global Release document dated __, 20203 and signed by POA and notarized by (Notary) on . . . . .). -Resident #7: Refund amount $1,500.00 on . . . . . - Global Release document dated , 20203 and signed by (Designee) and notarized by (Notary) on . . . . .). -Resident #8: Refund amount $2,861.61 on . . . . . - Global Release document dated , 20203 and signed by POA and notarized by (Notary) on . . . . .). -Resident #9: Refund amount $4,885.00 on . . . . . - Global Release document dated , 20203 and signed by POA and notarized by (Notary) on . . . . .). -Resident #10: Refund amount $5,336.59 on . . . . . - Global Release document dated , __, 20204 signed by POA and notarized by (Notary) on . . . . .). During the interview on . . . . . at 12:01 PM this surveyor informed the Administrator of the regulation, which is cited in their agreement, that the Resident's contract shall also specify any other conditions under which claims will be made against the refund due the resident. He was informed that there was no such language in the facility's Agreements (Contracts) and was provided an opportunity to review the Agreement. After review, he acknowledged there was no language relative to requiring a resident/or their representative to sign a Global Release document. Class II	A 030		