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
	AL11942866	A. BUILDING: _____ B. WING _____	05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD 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 relicensure, bed capacity increase, emergency power plan monitoring, visitation form, and complaint survey for complaints #2025001750 and 2025002188 was conducted on through at the Courtyard Assisted Living, an assisted living facility in Punta Gorda, Florida. Complaint #2025001750 was substantiated at A0054 and A0056 at Class II level.. Complaint #2025002188 was substantiated at A0152. The following is a description of the deficiencies: .	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must	A 008		

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A 008	Continued From page 1	A 008		

include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

(6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental

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A 008	Continued From page 2	A 008		

health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , require such assistance.

59A-36.006
(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following:
1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,
2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,
3. Any nursing or , , services required by the

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A 008	Continued From page 3 individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of . . . . . , ... , ... , ... or any other communicable . . . . . , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally	A 008		

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A 008	Continued From page 4	A 008		

must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided.
(c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule.
(e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or .
(f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency

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A 008	Continued From page 5 placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain an accurate written record, of whether the individual will require any assistance with the administration of medication in 1 (Resident #19) of 4 records reviewed. The findings included: Record review of Resident #19's Resident health Assessment form (1823) Section 2,Self-care and general oversight Assessment - Medications dated and signed by an Advanced Practicing Registered Nurse (APRN), indicated Resident #19 is "Able to Self-Administer Medications Resident does not need staff assistance" Further review of Resident #19's record revealed a second 1823 dated and signed by an APRN, indicating Resident #19 "Needs Medication Administration Not all assisted living facilities have licensed staff to perform this service." On at 9:40 a.m., during an interview the Resident Care Coordinator said Hospice sent the first 1823 over and we noticed the medication administration was wrong, so we called for a change, and they sent the second one over. The Needs Administration was a mistake. We only have Med Techs that assist with self-administration of medications, we don't have nurses to administer medication. It should have been marked assistance with self-administration. That was an oversight on my behalf.	A 008		

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A 008	Continued From page 6 Class III .	A 008		
A 054 SS=H	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's telephone care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by:	A 054		

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A 054	Continued From page 7 Based on observation, record review, and interview, the facility failed to accurately update the Medical Observation Record each time a medication is given, missed dosages, or medication errors for 4 (Residents #8, #14, #18 and #19) of 4 residents reviewed. The findings included: Record review of the Medication Administration Records (MAR) for resident #8, #14 and #18 revealed the following: 1. Review of the Medication Administration Record (MAR) for Resident # 8 for and , for failed to show documentation Resident # 8 received , Tab 10MG at 2:00 p.m. on 10:00 p.m. - 2:00 p.m. 10:00 p.m. 2:00 p.m. on - 2025, 10:00 p.m. , , , 2:00 p.m., , 10:00p.m. , 2:00 p.m. No staff initials were documented to indicate medication was given as ordered by the physician. Review of the Medication Administration Record (MAR) for Resident # 8 for , for failed to show documentation that Resident # 8 received , , / Solution at 2:00 p.m. on . No staff initials were documented to indicate medication was given as ordered by the physician. Review of the Medication Administration Record (MAR) for Resident # 8 for , for failed to show documentation Resident # 8 received Tab 75MG at 8:00 p.m. on . No staff initials were documented to indicate medication was given as ordered by the	A 054		

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A 054	Continued From page 8 physician. Review of the Medication Administration Record (MAR) for Resident # 8 for , failed to show documentation Resident # 8 received , 2% at 8:00 p.m. on , No staff initials were documented to indicate medication was given as ordered by the physician. Review of the Medication Administration Record (MAR) for Resident # 8 for , failed to show documentation Resident # 8 received Rosuvastatin Tab 5MG at 8:00 p.m. on . No staff initials were documented to indicate medication was given as ordered by the physician. Review of the Medication Administration Record (MAR) for Resident # 8 for , for failed to show documentation Resident # 8 received Tab 50MG at 8:00 p.m. on , No staff initials were documented to indicate medication was given as ordered by the physician. 2. Review of the Medication Administration Record (MAR) for Resident # 14 for and , failed to show documentation resident # 14 received , Tab 600MG and , Tab 10MG at 4:00 p.m. on , , , , , , , and 8:00 p.m., on . No staff initials were documented to indicate medication was given as ordered by the physician. Review of the Medication Administration Record (MAR) for Resident #14 for failed to show documentation Resident #14 received , Tab 0.5MG at 8:00p.m. on .	A 054		

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A 054	Continued From page 9 No staff initials were documented to indicate medication was given as ordered by the physician. 3. Review of the Medication Administration Record (MAR) for Resident # 18 for failed to show documentation Resident #18 received Cream 100000 at 2:00 p.m. on . No staff initials were documented to indicate medication was given as ordered by the physician. Review of the Medication Administration Record (MAR) for for Resident # 18 failed to show documentation Resident #18 received Inject at 2:00 p.m. on . No staff initials were documented to indicate medication was given as ordered by the physician. Review of the Medication Administration Record (MAR) for Resident #18 for failed to show documentation Resident #18 received Tab 5 MG, Sus 0.5MG/2, Inject sol Tab 150 MCG, Tab, tab 50MG and, Tab 37.5MG at 8:00 a.m. on Inject , at 2:00 p.m. on and sol and Tab 5MG, at 12:00 p.m., on . No staff initials were documented to indicate medication was given as ordered by the physician. 4. Review of the MAR for Resident #19 for and failed to show documentation Resident # 19 received Tab 0.25MG at 8:00 a.m. on , and on	A 054		

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A 054	Continued From page 10 , , , and at 8:00 p.m., No staff initials were documented to indicate medication was given as ordered by the physician. Review of the MAR for Resident # 19 for , failed to show documentation Resident #19 received , Tab 5MG at 8:00 a.m. on , , , , and on at 5:00 p.m., No staff initials were documented to indicate medication was given as ordered by the physician. Review of the MAR for Resident # 19 for , and , failed to show documentation Resident 19 received Cap 12000 units at 12:00 p.m. on . Cap 24000 units at 8:00 a.m. on , , , , and , , and . on , , , , , , , and at 12:00 p.m. . and on at 5:00 p.m. No staff initials were documented to indicate medication was given as ordered by the physician. Review of the MAR for Resident # 19 for , failed to show documentation Resident #19 received , Tab 125MG DR on at 8:00 a.m. No staff initials were documented to indicate medication was given as ordered by the physician. Review of the MAR for Resident # 19 for , and , failed to show documentation Resident #19 received Tab 40MG on , , , and at 8:00 p.m. No staff initials were documented to indicate medication was given as ordered by the physician.	A 054		

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A 054	Continued From page 11 Review of the MAR for Resident #19 for and failed to show documentation Resident #19 received ASPA Injection , on , , , , , at 8:00 a.m. . . on , , at 12:00 p.m. . . and at 5:00 p.m. . . and on , at 8:00 p.m. No staff initials were documented to indicate medication was given as ordered by the physician. Review of the MAR for Resident # 19 for and failed to show documentation Resident #19 received Solo Injection 100/ml 20 units on at 8:00 a.m. and received Solo Injection 100/ml 25 units on , , , , and at 8:00 a.m., and on at 5:00 p.m. No staff initials were documented to indicate medication was given as ordered by the physician. Review of the MAR for Resident # 19 for failed to show documentation Resident #19 received Tab 5MG at 8:00 a.m. on , , , , and on at 5:00 p.m. No staff initials were documented to indicate medication was given as ordered by the physician. Review of the MAR for Resident # 19 for failed to show documentation Resident #19 received Tab 10MG at 8:00 a.m. on , , and . No staff initials were documented to indicate medication was given as ordered by the physician. Review of the MAR for Resident #19 for failed to show documentation Resident #19 received , Tab 15MG ER at 8:00	A 054		

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A 054	Continued From page 12 a.m. on and . No staff initials were documented to indicate medication was given as ordered by the physician. On at 2:19 p.m. during an interview Med Tech Staff A, said missing boxes on the MAR are when someone doesn't chart the medication and the action times out. It would not be considered missed or refused if it is empty, they must not be documenting the medication. If there is an exception it should be documented. On at 2:25 p.m. during an Interview the Resident Care Coordinator, said Med Techs should be documenting if a resident refuses or if the medication is on order, there should be no blank spaces on the MAR. On at 9:40 a.m., during an interview the Resident Care Coordinator said Medications should be documented when they are given. If the Med Techs does not click it as given, then I don't know if it was given or not. Class II .	A 054		
A 056 SS=H	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal	A 056		

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A 056	Continued From page 13	A 056		

drug containers, then the following information must be recorded on each individual container:
1. The resident's name; and,
2. The identification of each medicinal drug in the container.
(b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another.
(c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.
(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly

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COURTYARD 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 056	Continued From page 14	A 056		

documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:
1. Practitioner's name,
2. Resident's name,
3. Date dispensed,
4. Name and strength of the drug,
5. Directions for use; and,
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that prescriptions for residents who receive assistance with self-administration of

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A 056	Continued From page 15 medications are filled/refilled in a timely manner for 4 (Residents # 8, #14, #18 and #19) of 4 residents sampled. The findings included: 1. On , review of Resident #8's record revealed physician's orders for , 10 MG Tablet, Take 1 tablet by three times daily, every 8 hours *non-acute , . Review of Resident #8's Medication Administration Record (MAR), for the month of and , , failed to show Resident # 8 received the , medication on the following dates: through 6:00 am, 2:00pm, and 10:00 pm. "Medication on order." through 6:00, 2:00 pm, 10:00 pm "Medication on Order". - , , , , , , , , , , - at 6:00 am, 2:00 pm and 10:00 pm, no staff initials documented to indicate medication was given as ordered by the physician. 2. On , Review of Resident # 14's record revealed physician's orders for Methylphenid Tab 20MG Take 1 tablet by three times daily Review of Resident #14's MAR,for the month of and , failed to show Resident #14 received the Methylphenid medication on the following dates: through 8:00 am, 12:00 pm and 5:00 p.m. "Medication on Order". 3. On , review Resident #18's record revealed physician's orders for , , sol	A 056		

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A 056	Continued From page 16 , Inhale 1 vial via every 6 hours for . Review of Resident #18's MAR, for the month of , failed to show Resident #18 received the , , sol medication on - at 8:00 am, 12:00 pm and 4:00 pm "Medication on Order" 4. On review of Resident #19's record revealed a physician's order for ASPA Injection , Inject before meals and at bedtime per as directed. Cap 24000 Units Take 1 capsule by three times daily with meals. Tab 40MG Take 1 tablet by at bedtime. Solo Injection 100/ml Inject 25 units twice daily for II. 5 mg. Take 1 tablet by 2 times daily for ., Review of Resident #19's MARs for the Months of , , and , failed to show resident #19 received the following medications: : Cap 24000 Units , , , /24, - , "Medication on Order" 40 mg , , - , "Medication on Order" , - no staff initials documented to indicate medication was given as ordered by the physician. Solo Injection 100/ml "Medication on Order", - no staff initials documented to indicate medication was given as ordered by the physician. 5mg "Medication on Order" ASPA Injection , - no staff initials documented to indicate medication was given as ordered by the physician. On at 1:08 p.m. during an interview	A 056		

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A 056	Continued From page 17 with Resident #8, he said, They missed my medicine about a week ago, and then I found out it was because they didn't have any more. On at 2:19 p.m. during an interview Med Tech Staff A said, "We didn't get Resident #8's ordered right away. When his doctor gets our request for a refill, she sends the script to the pharmacy. We have to wait on the doctor to send the script before the pharmacy can send a refill. I let the Resident Care Coordinator know before the resident runs out of the medication and she texts the doctor. " On at 8:50 a.m. during an interview the Resident Care Coordinator said, "if the Med Techs order medication by 2:00 p.m. it will be there in the evening. The problem is, if the Med Tech doesn't order it, then the resident will have missed doses. Class II .	A 056		
A 093 SS=D	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	A 093		

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A 093	Continued From page 18 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 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	A 093		

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A 093	Continued From page 19	A 093		

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 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

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A 093	Continued From page 20	A 093		

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, record review, and interview, the facility failed to provide standardized recipes to the planned menu and indicate portion sizes on the menu or a separate sheet.

The findings included:

Menu review on showed Chicken Cordon Bleu, Mashed Potatoes, Peas, Roll, and Dessert on the posted menu for Lunch on . No portion sizes were observed on the menu.

On , at 1:00 p.m., during an interview, Staff F (Cook Supervisor) said that there were no portion sizes available and the menu has been that way for the 7 years that she has been working there. Staff F stated "I know what scoops to use and any of the recipes are on the boxes the food comes in." Staff F said that she knows the recipes. Staff F acknowledged that there are no documented recipes or portion sizes to the menu.

On , at 8:45 a.m., during an interview, the Executive Director (ED) said that no one had ever

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A 093	Continued From page 21 asked him for recipes and portion sizes for the menus. The ED provided a binder with old and matted recipes in it. On , during a review of the recipe binder, none of the recipes matched any of the menu items on the current menu. On , at 10:15 a.m., during an interview, the ED acknowledged that the recipes provided did not match the current menu. He also acknowledged the lack of documented portion sizes. Class III ** Photographic evidence obtained** .	A 093		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with	A 152		

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A 152	Continued From page 22	A 152		

the top surface of the mattress at a comfortable to ensure easy access by the resident,
2. A closet or wardrobe space for hanging clothes,
3. A dresser, or other furniture designed for storage of clothing or personal effects,
4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,
5. A comfortable chair, if requested.
(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.
(d) Residents who use portable bedside commodes must be provided with privacy during use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .

This Statute or Rule is not met as evidenced by:
Based on observation, and interview, the facility failed to ensure a safe and hazard free environment and ensure the resident rooms and facility structures were in good working order throughout the facility for 4 (, , , and 147) of 4 rooms observed.

The findings included:

On , an observation of the dining room area revealed multiple heavily stained and bulging ceiling tiles. The vents were heavily soiled with black bio growth, and the fluorescent light fixture near the medication room was heavily soiled with black bio-growth.

On , an observation of showed a ceiling fan which was heavily soiled with grime

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A 152	Continued From page 23 and debris. On , an observation was made of , which revealed a large hole in the wall where the cable outlet was supposed to be. On , an observation of showed the wall was gouged and in disrepair in the resident bathroom. The bed mattress was heavily soiled and matted. On , an observation of revealed the bathroom vanity was broken and caved in at the base. On , the dish area in the main kitchen was observed to have a ceiling fan heavily soiled with grime, dust and and debris. The ceiling in that area was also heavily soiled. During an interview on , at 9:15 a.m., the Director of Maintenance (DOM) observed the disrepairs. He said that he tries to tackle the room issues one at a time. The DOM acknowledged the issues with the rooms, the kitchen and the hallways. He said that it's an older building that needs work. During an interview on at 9:57 a.m., the Executive Director said the ceiling tiles were repaired about a year ago, but the air conditioning starts to sweat, and it leaves water marks on the tiles; we fix it annually. Maintenance has a cleaning schedule for the vents, but I don't know how often he does it. I had a mold inspection years ago. They inspected the entire building after Hurricane Ian. . **Photographic evidence obtained**	A 152		

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Agency for Health Care Administration

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CZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	CZ875		

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employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of , communication strategies, medical information,

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COURTYARD 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
CZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning ␣␣. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning ␣␣ chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	CZ875		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942866	A. BUILDING: _____ B. WING _____	05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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CZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , , must complete the training required in this section before , , . Proof of completion of equivalent training completed before , , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review, and interview, the Facility failed to satisfy 430.5025 Florida Statute " and Related Forms of Education and Training Act" ensuring all direct care and administrative staff completed the one hour training video from the Department of Elder Affairs (DOEA) within 30 days of hire, 4 hours of Level 1 within 4 months of hire and 4 hours of Level 2 and Related (ADRD) within 9 months of hire was not documented in the employee record training for 2 (Staff D, E) of 3 records reviewed. The findings included:	CZ875		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CZ875	Continued From page 4 On , record review for Medication Technician Staff D revealed a hire date of . Staff D's file contained no evidence of completion of 1 hour of (ADRD) training from the Department of Elder Affairs (DOEA), 4 hours of and Related Level I training, and 4 hours of and Related Level II training in the employee record. On , record review for Caregiver Staff E revealed a hire date of . Staff E's file contained no evidence of completion of 1 hour of (ADRD) training from the Department of Elder Affairs (DOEA) in the employee record. On , at 8:45 a.m., during an interview, the Executive Director (ED) said he was unaware of the training's that were necessary and admitted he didn't know that they even existed. The ED acknowledged that there was no training's in the staff files for Staff D and E. Class III .	CZ875		