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 _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARDS OF HORIZON LLC (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 These are the results of an unannounced Complaint survey CCR# 2012011108 and CCR# 2012012360 conducted on at Courtyards of Horizon, an Assisted Living Facility. CCR# 2012011108 contained 3 allegations; one of which was substantiated with deficiency. CCR# 2012012360 contained 3 allegations; two of which were substantiated without deficiency.	A 000		
A 028	58A-5.0182(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities shall offer supervision of or assistance with activities of daily living as needed by each resident. Residents shall be encouraged to be as independent as possible in performing ADLs. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to meet the needs of 1 (Resident #26) of 3 residents reviewed with incontinence issues. The findings include: 1. On at 6:34 a.m. Resident #26 was observed in bed with no pants on. Her adult brief was observed to be soaked with . Resident #26 had a underneath her bottom which was also observed to be soaked with . Resident #26's Adult brief was observed to have a date and time written on it of @11:00 p.m. 2. On Staff H was interviewed. He stated to the resident, "Oh God, you're wet." Staff H confirmed Resident #26 had on the same brief	A 028		

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A 028	Continued From page 1	A 028		

from 01 [redacted] at 11:00 p.m. (a total of 8 hours and 34 minutes). He added he checked the resident on [redacted] at 4:30 a.m. (2 hours before she was observed soaking wet) and reports the resident was, "dry" at that time.

3. A review of the Resident AHCA 1823 Health Assessment (dated [redacted] confirmed Resident #26 needs assistance with toileting. Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Courtyards Of Horizon LLC (The)
26455 Rampart Blvd.
Punta Gorda, Florida 33983

Dear Administrator:

Re: CCR #2012011108 and 2012012360

This letter reports the findings of a complaint survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct the deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form

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