STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965233	11/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Castle Court Alf, Inc.	9709 North Nebraska Avenue Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Three complaint surveys, CCR# 2013009708, CCR# 2013009762 and CCR# 2013009903, were conducted on .

The Castle Court Assisted Living Facility, Inc. had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on interview and record review, the facility failed to take steps to insure that one of eight sampled residents (Resident #1) lived in a safe environment, free from potentially harmful confrontations with other residents and failed to notify Resident #1's responsible party when Resident #1 went to the hospital.

Findings include:

During an interview conducted at the facility on at 10:15 AM, the administrator said that Resident #1 and Resident #2 "don't like each other." The administrator said that both residents were "stable" and said there were no prior altercations between them.
The administrator said that on the night of , Resident #1 was outside smoking a cigarette and got into a verbal argument with Resident #2. Resident #1 came inside briefly but then went back out to smoke again. The administrator said that the argument with Resident #2 escalated again and when Resident #1 tried to come back into the facility, Resident #2 blocked her and pushed her. Resident #1 to the ground and sustained a laceration to her head and an injury to her elbow. The administrator stated that 911 was called and Resident #1 was taken to the hospital. The administrator said that the police Resident #2 and he is still incarcerated. The administrator confirmed that none of the staff called Resident #1's daughter, who is her responsible party and Resident #1 called her daughter herself from the hospital.

On at approximately 9:30 AM, the surveyor interviewed Resident #1 by telephone. Resident #1 stated that she was outside in the parking lot smoking. When she tried to re-enter the facility, Resident #2 blocked her path and then pushed her backwards. Resident #1 stated she sustained a skull , broken and cracked elbow. Resident #1 stated that the facility was aware that Resident #2 and other residents abused "spice" and said that she (Resident #1) had reported this to staff which was why Resident #2 was angry.

On the surveyor reviewed the record for Resident #2. The surveyor noted that Resident #2 is currently incarcerated for felony battery as a result of the incident with Resident #1. The surveyor also noted that Resident #2's record contained documentation indicating that he has criminal charges for lewd and lascivious behavior in 1987 and 1998 and charges for exposing himself in 2012. The surveyor also noted that

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documentation from Hillsborough County Detention indicate that Resident #2 has a history of , violence, mental illness and perpetrating .

On at 12:30 PM, the surveyor interviewed the mental health case manager for Resident #2 by telephone. The mental health case manager stated that the facility has contacted her in the past and has reported that Resident #2 has exposed himself to facility staff and to other facility residents. The mental health case manager said that the facility manager "is always upset" about Resident #2. The mental health case manager also confirmed that there have been ongoing allegations about Resident #2 abusing marijuana.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on interview and record review, the facility failed to insure that the community living support plan was updated annually for one of two sampled residents (Resident #2).

Findings include:

On the surveyor reviewed the record for Resident #2. The surveyor noted that Resident #2 had a community support plan in the record, signed and dated . There was no community support plan dated after that date.

On that same date, the surveyor interviewed the manager/designee at 1:35 PM. The manager stated she was unable to find an updated community support plan.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Castle Court ALF, Inc.
9709 North Nebraska Avenue
Tampa, FL 33612

Dear Administrator:

Re: Second Revisit & **CCR# 2013009903, CCR# 2013009708, CCR# 2013009762**

This letter reports the findings of a second state licensure revisit survey and three complaint surveys that were conducted on . . . . 7, 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiency that was corrected relative to the second revisit and the deficiencies that were identified relative to the complaint surveys. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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