

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942866	(X3) DATE SURVEY COMPLETED 06/05/2014
NAME OF PROVIDER OR SUPPLIER Courtyards Of Horizon Llc (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 26455 Rampart Blvd. Punta Gorda, FL 33983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-06/05/2014
0030-Resident Care - Rights & Facility Procedures-06/05/2014
0054-Medication - Records-06/05/2014
0056-Medication - Labeling And Orders-06/05/2014

On 06/05/2014 a Revisit Survey was completed at Courtyards of Horizon LLC, an Assisted Living Facility.

All previously cited deficiencies were found to be corrected and no new deficiencies were identified.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

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

0054-Medication - Records 58A-5.0185(5) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 13, 2014

Administrator
Courtyards Of Horizon Llc (the)
26455 Rampart Blvd.
Punta Gorda, FL 33983

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 5, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

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Enclosure: State Form

