STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942866	**07/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Courtyards Of Horizon Llc (the)	**26455 Rampart Blvd. Punta Gorda, FL 33983**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:
This is the result of an unannounced Complaint Survey, CCR# 2014005253 which was completed on [redacted] at Courtyards of Horizon an Assisted Living Facility (ALF) in Punta Gorda, FL.

The following is a description of non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on resident records reviewed, observation and staff interview, the facility failed to ensure that 1 (Resident #13) of 3 residents had adequate supervision resulting in 15 [redacted] in the past seven months.

The findings include:

1. A review of the facility accident/incident reports show Resident #13 [redacted] 9 times between [redacted] and [redacted] A review of Resident#13's observation log (located in her record) showed she [redacted] another 6 times between [redacted] and [redacted] She went to the hospital a few times due to minor injuries from these [redacted] A review of the documentation of these [redacted] the interventions to prevent [redacted] to re-occur are: Resident #13 was told to be more careful when she [redacted] on [redacted] She was given different shoes to wear when she [redacted] on [redacted] and she will be monitored more closely when she [redacted] on [redacted] However, there was no other intervention to prevent further [redacted] from the other 13 [redacted] A review of the Hospice care plan dated [redacted] shows [redacted] able to ambulate independently although has frequent [redacted] There are no interventions to prevent further [redacted] mentioned in this care plan also.

An interview was conducted with Staff A at 2:00 p.m. on [redacted] She said the staff tried to keep her in wheelchair but she won't stay in the chair. There are times she will lay on the floor and the staff will write found on floor. However, Resident #13 continues to [redacted] and the staff is not providing her the supervision she requires to decrease these [redacted] Also, the facility is not providing Resident #13 interventions to help her stop from falling and receiving injuries.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

RE: CCR #2014005253

Dear Administrator:

This letter reports the findings of a complaint survey that was completed on 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. 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 after 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com