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 - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:
This is the result of a Biennial survey completed on at the Courtyard Assisted Living Facility an Assisted Living Facility (ALF) in Punta Gorda, FL

The following is a description of non-compliance:

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation, the facility failed to ensure food service was performed in a sanitary manner. This has the potential to affect all residents consuming food.

The findings include:

During the noon meal observation on the cook and serving staff were observed not to wash their hands. Staff B was observed pouring drinks. He used up the milk in the half gallon container and lifted the lid to the large garbage container and threw away the milk carton. He next opened the refrigerator and got second container, removed the plastic lid, then removed the plastic protective cover. He then picked glasses up and poured the milk into the glasses. After putting the lid back on the milk carton he opened the refrigerator and got out juice and poured that into glasses. Staff B was observed returning with one glass of milk. He picked up a container of thickener, scooped 2 scopes of the thickener into the milk and stirred. Staff B was observed holding the glass by drinking surface. Staff B had not washed his hands since handling the garbage can lid.

Staff E was observed to wash her hands, then go to a drawer and open it to get gloves out. After putting the gloves on, she began to plate food, touching the eating surface of each plate as she removed them from the stack. She was observed to open the stove and remove a bowl of mechanical chopped chicken to plate up. She then went into the dining area to visit with the residents eating. When she returned she went to the drawer and got new gloves out. She did not wash her hands. A door alarm went off and Staff E was observed to open the side kitchen door and go out to see if anyone had left the area. When she returned she got new gloves out of the drawer and put them on without hand washing. She continued to plate food touching the eating surface of each plate.

Both Staff E and F were observed to have beards and failed to have beard guards, even though they were serving food.

Staff F was observed to come into the kitchen to assist with food delivery. Staff F was not observed to wash his hands. Staff F picked up each plate with his thumb touching the eating surface and placed 4 plates onto a tray he then picked up another plate and carried it to a resident with his thumb on the eating surface. He was observed to do this 3 times and did not wash his hands. He was observed to wipe his nose with his left hand and continue to serve food touching the plates eating surface. Staff F was observed to open the refrigerator and get a sandwich plate out. He took off the plastic wrap cover and touching plate surface, carried the plate out to a resident.

As the meal was concluding Staff A and G were observed putting away clean dishes without hand washing and touching food surfaces. Staff A handled dirty dishes putting them into a rack and rinsing them off. She then opened the dish washer and handled clean dishes without washing her hands.

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Staff G was observed to take over from Staff A. Staff G also was observed to scrape and put dirty dishes into a rank. Only once out of 4 racks observed did staff G wash her hands between handling the dirty and clean dishes. the other 3 times she failed to wash her hands. Staff G was also observed to open the dish washer and remove the clean glasses and plates and stack them one on top of the other without the benefit of air drying. The glasses were observed stacked 5 and 6 high. When pulled apart they dripped water. the plates were visibly wet also and wet nested once they came out of the dishwasher.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on one of three resident records, observation and staff interviews, the facility failed to ensure Resident #2 received his prescribed diet.

The findings include:

A review of Resident #2's health assessment dated shows the physician order a calorie controlled, ground/minced diet with nectar thick liquids. Observation on at 12:00 p.m., showed Resident #2 sitting at the dining . Three glasses of liquids were on the table in front of him. He began drinking out of one of the glasses. Observation of these liquids show one glass had water, one glass had milk and one glass had ice tea. These three liquids were at a regular consistency. They were not nectar thickened. Observation at 12:07 p.m., showed a staff serving him his food. On the plate showed two pieces of chicken on the bones. The chicken was whole pieces and not ground or minced.

An interview was conducted with Staff E on at 12:25 p.m. She has a diet book with all resident diets in this book. A review of this book showed Resident #2's diet sheet is not in this book. She stated she serves him a regular diet and regular liquids and he tolerates it well. A diet form was brought to her at 12:27 p.m. showing he is on a regular mechanical soft diet. Staff E stated when he was admitted to the facility he has been on this diet. The surveyor stated Resident #2 has had other health assessments after his admission showing a ground/minced diet with nectar thick liquids. She stated she does not have knowledge of these new health assessments and was not given this information.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interviews, the facility failed to maintain a clean, sanitary homelike physical plant.

The findings include:

During tour of the facility on at 9:30 a.m., the Housekeeper was observed in the 100 hall. She verified she is the only staff in housekeeping. She stated she works Monday to Friday 7:30 a.m. to 3:00 p.m. After that and housekeeping becomes the job of the resident aides. She stated the resident aides do laundry for the facility and residents in the evenings. She stated the facility had newly hired a maintenance man who worked daily also.

During a tour from 9:20 a.m. to 10:00 a.m. the following was observed:

had a stain on the carpet in the middle of the . Resident #9 stated it was not new and had been there for some time.

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had no carpet. The frame was rusty at the bottom and up a foot. The linoleum was discolored/stained around the toilet and in front of the shower. The step in shower was framed for sliding doors but had no door. The tracks were collecting matter. The raised shelf for refrigerator in the sink area has laminate facing coming off.

6's toilet was black smear on front of the toilet bowl. The base board was loose beside the toilet.

9's base board was coming off and others loose in closet. The linoleum in discolored/stained.

The carpets in all corridors were visibly soiled/stained.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a Biennial 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)

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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