

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942866	(X3) DATE SURVEY COMPLETED 12/03/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Complaint Survey for CCR #2015010265, CCR #2015011793, and CCR #2015009412 was conducted on at Courtyard of Horizon Bay, an Assisted Living Facility in Punta Gorda, Florida.

The complaint contained six allegations, of which one was substantiated

The following is description of the deficiency.

Z816 Background Screening-Compliance Attestation

Based on record review and interview, the facility failed to ensure required background screenings were conducted for 2 (Employees A and B) out of 7 employee records reviewed.

The findings included:

- Record review revealed Employee A is the Maintenance Director with access to all resident areas. Employee A's background screening was completed on and indicates the employee is eligible in all areas. He was hired at the facility on / . Previous to working at the facility he was employed by Cemex Concierge Ready mix as a driver to take concrete from the plant to different locations. This position did not require level 2 background screening. Interview with the Administrator on at 1:25 p.m., revealed he thought employee had worked as a maintenance person for another health care facility before he came to this facility. He acknowledged no recent background screening had been done on this employee.
- Record review revealed Employee B is a Medication Assistant who assist residents with self administration of their medications. Employee B's background screening was completed on . She had a break in-service from until . No current background screening was found in her file. During an interview with the Administrator on at 2:00 p.m., he acknowledged a current background screening was not performed.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

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

RE: CCR #2015009412, CCR # 2015010265 & CCR #2015011793

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiency identified on your survey, which may include a desk review or onsite revisit.

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,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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