STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	03/28/2016
NAME OF PROVIDER OR SUPPLIER **COURTYARD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 W 28 STREET** **HIALEAH, FL 33010**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Complaint Investigation Survey CCR#2016000289 was conducted on 07 through , 2016. Courtyard Manor Retirement with Limited Mental Health component had a deficiency identified at the time of the survey:

0027 Resident Care - Arrangement for Health Care

Based on record review and interview facility failed to provide access to adequate and appropriate health care consistent with established and recognized standards within the community for one out of one sampled resident (#1).

Findings included:

Record review revealed that Resident # 1 was admitted to the facility on / / and was discharged from it 10 days later. Record review revealed that resident was non dependent and had an order for to lower his sugar and that resident was not given the medication because the insurance did not cover it. Record review revealed that facility tried to contact the facility physician that prescribed the medication and was not able to get in contact. Record review revealed that there was no documentation of the facility's attempts to obtain other medical care that would assist the resident with obtaining the medication.

Facility manager stated on at 10:30 am: " We tried to contact the doctor that prescribed the medication at the hospital but we could never get in touch with her. Next day we called the facility doctor and let him know that we had a new admission that needed to be seen and he said that he would come to see the resident. He could not come that day so we called him back next day again and let him know what was going on with the medications. The day the doctor was coming to see him we had to send him to the hospital because of his behavior. The nurses that come from the home health agency we asked them to do us the favor to check his sugar because he came without orders for home health. The nurses did us the favor every time they could because he was always out on the street; his sugar was always stable.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 14, 2016

Administrator
Courtyard Manor
140 W 28 Street
Hialeah, FL 33010

RE: CCR #2016000289

Dear Administrator:

This letter reports the findings of a complaint state licensure survey that was conducted on 7- , 2016 by representative(s) 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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 deficiencies 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 surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervsior at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure 2016222289
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